



COUNTY BOROUGH OF OLDHAM

ANNUAL REPORT

OF THE
MEDICAL OFFICER OF
HEALTH

1936



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PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
OLDHAM.

June, 1937.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

MR. CHAIRMAN, MRS. SHANNON AND GENTLEMEN,

I have the honour to present to you my first Annual Report on the health of Oldham and the work of the Public Health Department for the year 1936. The contents have been compiled in compliance with Circular 1561 of the Ministry of Health, and the Report is an Ordinary and not a Survey one.

On June the 30th, after 38 years of loyal and devoted service, Dr. J. B. Wilkinson retired from the position of Medical Officer of Health. During these years he accomplished much and saw revolutionary changes in the Public Health Service. He has done a great work for Oldham, and it was fitting that the Health Committee should bestow on him the honour of appointing him Consulting Medical Officer of Health.

The vital statistics for the year will be found in the body of the Report, and I would commend the various tables to your careful study. The most striking feature of the year is the fall in the death rate from tuberculosis to .56 per thousand of the estimated population, the lowest ever recorded for Oldham. This result is due in part to the work of the staff of the Tuberculosis Department and our Sanatorium and the happy relationship that exists between the Clinical Tuberculosis Officer and the local medical practitioners.

Again we have to record a high maternal mortality, 6.16 per thousand total births, one of the highest in the country. This is only part of the picture, for we must not lose sight of the many mothers who are seriously ill and those who suffer permanent damage or the aggravation of some permanent weakness. In the past too much attention has been directed to mortality and too little to the care of motherhood and the preservation of maternal health. The problem is no easy one to solve, and an improvement will only be achieved by the wholehearted co-operation of all those persons and agencies that are concerned with maternal welfare; but especially do we need the intelligent co-operation of the mother herself. This cannot be obtained if our ante-natal clinic is held in premises which are not only unhygienic and unsuitable, but repulsive to the patients, and whilst our Maternity and Child Welfare Service is in charge of a part-time medical officer.

The year has been one of considerable stress for the staff of the Department, and the hopeless inadequacy of the present premises has added to their difficulties. The new scale of salaries for the professional, technical, administrative and clerical staffs, which came into force on April 1st, has undoubtedly resulted in less resignations from the Health Visitors' staff, but the difficulty of obtaining suitable and experienced candidates for vacancies in our Hospital and Sanitary staff has been most pronounced. The lack of superannuation is undoubtedly one of the chief causes, and restricts the field of recruitment, to our detriment.

The past year has seen a definite step towards the closer co-ordination of the School Medical Service with those other services responsible for the provision of medical and dental treatment. The Assistant School Medical Officers now undertake duties for the Health Committee, and in return the Deputy Medical Officer of Health undertakes School Medical Duties of a senior nature. The Senior School Dental Officer performs duties for the Maternity and Child Welfare Committee. Such co-ordination will provide the most efficient Health Service. It should also attract keen and experienced applicants for vacancies in the staff when such occur. An enthusiastic officer will welcome a position which provides the greatest scope for his experience and training. It would be an added attraction if the Assistant School Medical Officers were officially on the staff of the Public Health Department.

During the year much time and labour has been devoted to the various hospitals under the control of the Committee. The Medical Superintendent has made many urgently needed changes at the Municipal Hospital. At Westhulme improvements have been made, but there is a pressing need for a Cubicle Isolation Block and for new wards. Under the present arrangement, the Hospital cannot be efficient when the Resident Medical Officer has to devote a great part of her time to duties outside the Hospital.

Finally, it should be our aim to co-ordinate all the Medical Services in the area, so that they may be administered economically and efficiently. The duplication of specialised services, either by a voluntary or municipal body, should be strongly condemned. Only by friendly co-operation and the free interchanging of views and policy can this aim be achieved.

I wish to tender my sincere thanks to the Chairman and Members of the Public Health and Maternity and Child Welfare Committees for their continued support and encouragement. My thanks are also due to all members of the Staff, Medical, Nursing and Clerical, for their loyal co-operation and assistance during the year.

I have the honour to be,

Your obedient servant,

J. T. CHALMERS KEDDIE,

Medical Officer of Health.

The Health Committee :

Chairman :

Mr. Alderman Wrigley, J.P.

Vice-Chairman :

Mr. Councillor Andrew.

The Mayor :

Mr. Councillor Tweedale, J.P.

Mr. Alderman Bardsley.

Mr. Councillor Potts.

Mr. Councillor Lord.

Mrs. Councillor G. Shannon.

Dr. Councillor Low.

Mr. Councillor J. L. Wilkinson.

The Maternity and Child Welfare Committee :

Consists of all the Members of the Health Committee, with
the addition of—

Mrs. Bainbridge, B.A.

Mrs. Jackson.

Mrs. Firth.

Miss Lawton.

STAFF.

The Public Health Department :

Consulting Medical Officer of Health :

J. B. Wilkinson, M.D., C.M., D.P.H.

Medical Officer of Health and School Medical Officer :

J. B. Wilkinson, M.D., C.M., D.P.H. (To 30/6/36).

J. T. Chalmers Keddie, M.B., CH.B., D.P.H. (From 1/7/36).

Deputy Medical Officer of Health and Clinical Tuberculosis Officer :

J. T. Chalmers Keddie, M.B., CH.B., D.P.H. (To 30/6/36).

Eric Ward, M.R.C.S., L.R.C.P., D.P.H. (From 1/9/36).

Assistant Medical Officer of Health for Maternity and Child Welfare :

Margaret J. T. Leitch, M.B., CH.B., M.M.S.A.

Assistant School Medical Officers :

Annie Mooney, L.S.A., D.P.H.

David L. Pugh, M.R.C.S., L.R.C.P. (To 30/6/36).

School Dental Officers :

Leonard N. Alley, L.D.S., Senior Dental Officer.

J. Fenton, L.D.S.

F. I. Wilson, L.D.S.

Consultants to the Public Health Department :

H. Poston, M.B., M.CH., B.A.O., Orthopaedic Surgeon.

E. A. Gerrard, M.D., M.B., CH.B., Obstetrician.

Neil MacInnes, M.A., M.B., CH.B., Ophthalmic Surgeon.

W. R. Cammock, M.B., CH.B., F.R.C.S.(ED.), Aural Surgeon.

Public Vaccinators :

Dr. P. B. Murray.

Dr. J. S. McGowan.

Dr. T. D. Hunter.

Dr. G. Ferguson.

Dr. W. Graham.

Dr. C. Thompson.

Veterinary Inspector (Part Time): Joseph Ward, M.R.C.V.S.

Public Analyst (Part Time): S. Ernest Melling, F.I.C.

Scwage Works Manager : J. Taylor, ASSOC.M.C.T., A.M.INST.S.P.

Sanitary Inspectors :

†*George Winterbottom, Chief Inspector.

†*J. Brook, Deputy Inspector.

*W. Clarke.

†*J. McKenna.

*H. Waller.

†*R. Lord (To 27/3/36).

*J. Crosdale.

†*E. Jackson (To 31/12/36).

†*J. Mann.

*J. Winterbottom (From 1/6/36).

Health Visitors :

‡*Miss L. Pugh, Superintendent and Inspector of Midwives.

||*Mrs. N. B. Gregoire.

ca*Miss W. Yates.

xMrs. M. Redfern.

ca*Miss I. Chambers (From 6/1/36).

||Mrs. M. A. Dyson.

ca*Miss P. Wroe (From 2/3/36).

ca*Miss E. Macrae.

xMiss C. Holmes, Tuberculosis Nurse.

School Nurses :

$x||$ Mrs. B. S. Bate.
 xa Mrs. D. A. Buckley.
 $xa||$ Miss C. Wild.

$x||$ Mrs. E. Pendlebury.
 xa Mrs. A. G. Willmott.

Massage Staff :

Miss A. John, C.S.M.M.G., M.E., L.E.T., N.S.R., S.R.E.
Miss N. Fenton, C.S.M.M.G., M.E., L.E.T.

Clerical Staff :

Herbert H. Stamp, Chief Clerk. E. Stansfield, Vaccination Officer.

The Municipal Hospital :

Medical Superintendent : R. M. Maher, B.Sc., M.D., M.R.C.P.

Visiting Staff :

R. A. Jackson, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H., Surgeon.
R. I. Poston, M.D., B.CH., Assistant Surgeon.
W. R. Cammock, M.B., CH.B., F.R.C.S.(ED.), Aural Surgeon.
Neil MacInnes, M.A., CH.B., Ophthalmic Surgeon.
H. Poston, M.B., M.CH., Orthopædic Surgeon.
E. A. Gerrard, M.D., CH.B., M.R.C.S., L.R.C.P., M.C.O.G., Obstetrician.
A. H. Richardson, O.B.E., M.R.C.S., L.R.C.P., D.M.R., Radiologist.

Resident Medical Staff :

R. G. Walker, M.B., CH.B. (To 31/5/36).
P. Connelly, M.B., B.CH., B.A.O. (To 3/1/36).
E. A. Marsden, M.B., CH.B.
J. W. Burns, M.B., B.CH., B.A.O. (To 4/7/36).
J. Heginbotham, M.R.C.S., L.R.C.P. (From 10/2/36).
L. Rich, M.B., CH.B., M.C.O.G. (From 18/6/36).
C. J. Vaughan, M.B., B.CH., B.A.O. (From 29/7/36).

Matron : a¶Miss E. Lewis.

Westhulme Hospital :

Margaret J. T. Leitch, M.B., CH.B., M.M.S.A., Resident Medical Officer.
Miss E. M. Blenkarn, Matron.

Strinesdale Sanatorium :

a||Miss I. C. Ball, Matron.

Greenacres Maternity Home :

a||Miss E. Fray, Matron.

Castleshaw Convalescent Home :

¶Miss A. H. Whitehead, Matron.

* Certificate of Royal Sanitary Institute (Sanitary Inspector).

† Certificate of Royal Sanitary Institute (Meat and Foods).

Fever Trained Nurse.

* General Trained Nurse.

¶ State Registered Nurse.

a Certificate of Central Midwives' Board.

c Health Visitor's Certificate of Royal Sanitary Institute.

‡ Certificate of Royal Sanitary Institute for Maternity and Child Welfare.

SUMMARY OF STATISTICS.

1. General Statistics.

Area in Statute Acres (1931 census figure)	...	...	4,735 acres
Area fully developed or in course of development	...	...	3,551 acres
Enumerated Population (census 1931)	...	...	140,314
Registrar General's Estimate of Population, middle of 1936	...	...	131,000
Density of Population, i.e., Number of Persons per Acre (whole Borough)	...	...	28
Number of Houses in Borough, December, 1936	...	...	40,573
Number of Inhabited Houses (end of 1936)	...	...	—
Number of New Houses erected in 1936	...	...	400
Rateable Value (April, 1936)	...	...	£698,756
Sum represented by a Penny Rate (March, 1936)	...	...	£2,606
Amount of Poor Law (Outdoor) Relief paid in 1936	...	...	£78,314

2. Extracts from Vital Statistics.

				M.	F.	Total
Live Births:	Legitimate	...	...	827	780	1,607
	Illegitimate	...	...	40	38	78
				<hr/>	<hr/>	<hr/>
				867	818	1,685
				<hr/>	<hr/>	<hr/>

Rate per 1,000 of estimated resident population ... 12·86

Still births:	Legitimate	...	...	54	38	92
	Illegitimate	...	...	2	3	5
				<hr/>	<hr/>	<hr/>
				56	41	97
				<hr/>	<hr/>	<hr/>

Rate per 1,000 total (live and still) births ... 54·43

Deaths (Males 935, Females 1,019)	...	...	...	1,954
Crude Death Rate per 1,000 of estimated resident population	...	...	...	14·92
Death Rate (adjusted by R.G.'s A.C.F. figure, 1·12)	...	...	...	16·71

Deaths from Puerperal Causes (R.G.'s Short List)—

	Deaths	Rate per 1,000 total live and still births
Puerperal Sepsis	3	1.68
Other Puerperal Causes	8	4.48
Total	11	6.16

Number of Deaths of Infants under 1 year of age 118

Death Rate of Infants under 1 year of age—

All Infants per 1,000 live births	70.03
Legitimate Infants per 1,000 legitimate live births	70.31
Illegitimate Infants per 1,000 illegitimate live births	64.10

Death Rates per 1,000 population from—

Pulmonary Tuberculosis	0.44
All Forms of Tuberculosis	0.56
Respiratory Diseases (excluding Pulmonary Tuberculosis)	2.03
Cancer	1.92
Principal Zymotic Diseases: Smallpox, Enteric Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria and Membranous Croup	0.41

Death Rate from Diarrhœa and Enteritis of Children under 2 years of age, per 1,000 births	4.74
Deaths from Measles (all ages)	13
Deaths from Whooping Cough (all ages)	16
Deaths from Diarrhœa (children under 2 years of age)	8

Section I.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Oldham is situated in the County of Lancashire, on the south-western slopes of the Pennines. Its highest point is 1,225 feet and its lowest 350 feet above sea-level.

The population is largely industrial, and the chief industries are cotton spinning and the manufacture of cotton machinery. During the last few years a few new industries have come into the town, the chief of which are hand-bag manufacturing, clothing, and underclothing manufacturing. There is a large electrical engineering works, which employs a number of Oldham residents, situated just outside the boundary.

Area and Population.

The area of the Borough is 4,735 acres

The Registrar General's estimate of the population of the Borough at the middle of 1936 is 131,000. This is 2,300 less than that for 1935, and shows that the population continues to diminish. At the 1931 census the population was 140,314.

Rateable Value.

The rateable value on the 1st April, 1936, was £698,756, and the sum represented by a 1d. rate £2,606.

Unemployment.

The following figures have been supplied by the Manager of the Employment Exchange, and show the number of persons unemployed and registered at the Oldham Exchange and Oldham Juvenile Employment Bureau during each month of the year 1936.

Month	Men	Boys	Women	Girls	Total
January ...	7,739	205	1,944	85	9,973
February ...	7,407	157	2,227	60	9,851
March ...	7,366	137	2,043	72	9,618
April ...	7,375	189	2,120	62	9,746
May ...	6,888	114	1,954	63	9,019
June ...	6,749	87	1,960	43	8,839
July ...	6,764	139	2,014	75	8,992
August ...	6,451	160	1,647	101	8,359
September ...	6,243	139	1,563	78	8,023
October ...	5,899	48	1,537	39	7,523
November ...	5,828	44	1,442	30	7,344
December ...	6,191	48	1,304	21	7,564
Monthly Average, 1936	6,742	122	1,813	61	8,738
Monthly Average, 1935	8,329	218	2,714	117	11,378

Poor Law Relief.

The total amount of outdoor relief expended in Oldham during the year was £78,314, as compared with £81,235 in 1935. The weekly average number of persons in receipt of out-relief was 4,428, comprising 3,581 cases. There were 607 admissions of Oldham persons to the Westwood Park Institution.

Health Insurance.

The total number of insured persons in Oldham on the 31st December, 1936, was approximately 69,056, or 52·71 per cent. of the total population. The number of insured persons is 560 more than at the corresponding period of the previous year.

Meteorology.

The system of daily observation at Alexandra Park and at Strinesdale Sanatorium continued as usual during 1936. A summary of the findings is given in the following table.

Weekly Means of Meteorological Observations for the Year 1936.

DATE	Barometer reduced to Sea Level at 32.0	Thermometer		TEMPERATURES.								Rainfall 12 in. above ground	Number of Days on which rain fell	Clouds covered = 10 Clear = 0	Sunshine recorded at Strinesdale	
		HYGROMETER		% of Saturation	Maximum in Shade	Minimum in Shade.	Maximum in Sun Black Bulb	Maximum in Sun Black Bulb in Vacuo	Minimum on Grass	Temperature 12 in. below surface	Temperature 4 ft. below surface.					
		Dry	Wet													
1936																
Jan. 4	29.17	42	41	92	44	38	44	49	35	39	41	.48	5	9	.70	
11	29.31	43	42	92	47	39	47	50	36	40	42	.76	6	8	2.35	
18	29.75	30	30	86	36	27	36	48	22	36	42	.02	1	7	10.75	
25	29.75	36	36	91	38	30	38	51	25	34	42	1.21	5	8	2.50	
Feb. 1	29.06	41	41	100	44	37	44	54	34	37	39	1.49	7	9	1.20	
8	29.83	34	34	90	39	29	41	60	17	37	40	.46	3	7	20.00	
15	29.76	34	35	72	38	28	40	65	23	34	39	...	...	5	26.30	
22	29.42	40	39	92	44	35	45	65	30	34	39	.63	5	9	12.55	
29	29.36	36	35	91	40	33	41	57	31	36	38	.98	5	9	6.25	
March 7	29.47	38	37	91	40	33	41	59	31	36	39	1.03	6	9	13.80	
14	29.78	41	40	92	44	37	46	62	35	39	39	.26	3	9	2.50	
21	29.92	47	45	86	49	40	52	73	35	40	40	.04	2	7	12.15	
28	29.43	49	47	86	54	43	58	86	40	44	41	.42	4	8	14.20	
April 4	29.72	47	46	93	51	42	54	69	38	44	43	1.04	5	9	9.75	
11	30.05	43	41	85	48	36	53	82	32	42	43	...	...	6	40.65	
18	29.56	40	38	85	56	33	49	85	29	42	43	.27	6	8	29.05	
25	29.72	44	41	78	83	61	92	90	31	42	43	.38	6	8	38.50	
May 2	30.15	50	47	80	56	40	59	92	35	45	44	.07	1	6	34.80	
9	29.92	50	49	93	55	43	62	91	40	48	45	...	...	8	11.05	
16	29.97	57	53	75	62	47	69	92	43	50	46	.07	1	9	32.10	
23	30.00	52	49	80	62	45	70	101	39	52	48	.01	1	7	40.30	
30	29.92	51	49	86	58	46	63	101	42	52	49	.56	3	8	32.15	

June	6	29.85	49	49	47	86	54	41	60	89	36	49	49	.73	3	8	27.55
	13	29.95	55	55	53	87	61	49	65	98	46	53	49	.74	4	8	34.80
	20	29.91	59	59	57	88	64	50	70	97	48	54	50	.67	5	7	29.60
	27	30.07	64	64	61	82	70	57	77	107	54	59	51	.78	3	7	30.45
July	4	29.69	61	61	58	81	67	56	74	99	53	60	53	.88	3	9	19.50
	11	29.74	60	60	57	81	64	55	60	94	51	59	54	1.27	5	9	15.95
	18	29.53	58	58	56	87	63	54	67	96	52	58	55	.99	7	10	15.60
	25	29.54	57	57	55	87	62	52	67	92	49	57	54	1.25	5	9	21.15
Aug.	1	29.90	58	58	56	87	62	52	69	101	49	56	54	.49	5	9	16.35
	8	29.85	58	58	55	81	62	52	66	96	49	56	54	1.75	7	8	28.30
	15	29.92	61	61	58	81	66	54	62	96	50	57	54	.39	3	9	17.65
	22	29.96	60	60	56	75	66	55	71	102	50	58	55	.85	5	9	17.55
	29	30.26	63	63	59	76	69	55	75	104	48	57	55	.01	1	6	47.10
Sept.	5	29.86	60	60	59	94	66	56	68	83	53	57	55	1.30	5	9	3.60
	12	29.74	58	58	57	93	62	55	65	91	52	56	55	1.59	6	9	8.65
	19	30.17	58	58	56	87	64	52	68	96	49	55	55	.74	3	6	29.90
	26	30.11	58	58	56	87	64	52	69	96	48	56	55	.62	2	7	25.65
Oct.	3	30.15	51	51	48	80	56	45	59	85	38	52	54	.34	2	7	26.40
	10	30.01	50	50	46	74	54	40	58	87	32	48	52	.02	2	4	38.60
	17	29.99	53	53	50	80	54	46	58	79	41	49	51	.36	4	8	12.65
	24	29.99	51	51	48	79	54	44	55	73	40	49	51	1.58	6	8	6.75
	31	29.77	47	47	45	85	53	40	53	66	36	46	50	2.31	7	9	13.85
Nov.	7	29.61	46	46	45	92	42	40	51	75	35	45	49	.57	4	6	14.30
	14	29.33	45	45	43	85	47	39	48	58	34	43	47	2.51	7	8	2.90
	21	30.09	44	44	43	85	47	38	48	57	31	42	46	1.47	4	6	13.45
	28	29.92	37	37	36	91	40	30	39	47	27	37	44	.02	1	9	16.20
Dec.	5	29.76	44	44	43	92	48	37	47	55	34	41	43	.93	7	9	3.75
	12	29.99	33	33	32	88	34	27	37	45	23	36	43	.63	4	8	11.40
	19	29.38	44	44	43	85	48	38	47	54	31	39	42	1.50	6	7	5.65
	26	30.24	45	45	44	92	47	40	49	51	38	42	43	.15	4	9	.10
Jan. 2/37	29.96	42	43	41	85	46	35	45	45	49	32	41	43	.65	5	10	1.50
Means	29.79	48	48	47	93	53	43	56	77	38	46	47	47	38.27	210	8	950.35

VITAL STATISTICS.

Births.

There were 1,991 live births (1,023 males and 968 females) registered in the Borough during the year. After correction for inward (61) and outward (367) transferable births, the net total of births is 1,685 (867 males and 818 females), a decrease of 18 on the total for 1935.

The BIRTH RATE is 12·8 per thousand of the population, as compared with 12·7 for the previous year and 14·8 for England and Wales.

The illegitimate live births numbered 78, or 4·6 per cent. of the total live births. These figures are the same as last year.

Stillbirths.

During the year 119 stillbirths were registered. After being adjusted by inward and outward transfers, the number is 97, giving a rate of 54·43 per thousand total live and stillbirths and ·74 per thousand of the population, as compared with 53·36 and ·72 respectively in 1935.

Marriages.

There were 1,186 marriages during the year, the rate per thousand of the population being 9·05. In 1935 the number was 1,279, the rate being 9·76.

Deaths.

During the year 2,295 deaths (1,125 male, 1,170 female) were registered in the Borough. After correction for inward (78) and outward (419) transferable deaths, the net total of deaths is 1,954 (935 males and 1,019 females), an increase of seven on the total for 1935.

The DEATH RATE is 14·9 per thousand of the population, as compared with 14·6 for the previous year and 12·1 for England and Wales.

Of the 1,954 deaths registered, 753 or 38·54 per cent. occurred in one or other of the following institutions:—

The Municipal Hospital	...	...	401
The Westwood Park Institution	...	...	146
The Oldham Royal Infirmary	...	...	141
Westhulme Hospital	...	...	58
Strinesdale Sanatorium	...	...	7

The table on page 20 shews the age and sex distribution and cause of deaths in 1936. Of the total deaths, 877 or 44·8 per cent. occurred in persons aged 65 years or over.

The following are the chief causes of death in order of frequency:—

Heart Disease	...	...	...	495
Cancer	...	...	...	252
Arterial Disease	...	...	...	126
Pneumonia	...	...	...	112
Cerebral Hæmorrhage	...	...	...	109
Bronchitis	...	...	...	106
Nephritis	...	...	...	86
Suicide and other violence	...	...	...	82
Tuberculosis	...	...	...	74

These groups of diseases represent 1,442 deaths occurring during the year, or 73·8 per cent. of the total deaths registered.

Maternal Deaths.

There were 11 deaths directly due to pregnancy or child-bearing, compared with 11 for the previous year. The maternal mortality rate is 6·16 per thousand live and stillbirths, as compared with 6·4 for the previous year and 3·65 for England and Wales.

Infantile Mortality.

There were 140 deaths (73 males and 67 females) of infants under one year of age registered in the Borough. After correction for inward (4) and outward (26) transferable deaths, the net total of infant deaths is 118 (58 males and 60 females), an increase of 12 on the total for 1935.

The INFANT MORTALITY RATE is 70 per thousand births, as compared with 62 for the previous year and 59 for England and Wales.

The death rate amongst legitimate infants per thousand legitimate live births is 70·31, as compared with 62·15 in 1935.

Of the 118 infant deaths, five were those of illegitimate children. The death rate of illegitimate infants per thousand illegitimate births is 64·1. This is the same figure as for the previous year.

The table on page 22 gives the causes of death of children at various ages under one year. Of the 118 deaths, 67 occurred in infants under four weeks old, equivalent to a neo-natal mortality of 39·76 per thousand births.

The following table shows the neo-natal mortality, compared with the infantile mortality, during the last seven years:—

Year	Infant Deaths under one month	Neo-Natal Mortality Rate per 1,000 births	Total Infant Deaths under one year	Infantile Mortality Rate per 1,000 births
1930	72	37.85	134	70.45
1931	109	56.53	203	105.29
1932	69	38.52	149	83.19
1933	65	38.32	120	70.75
1934	66	38.59	121	70.76
1935	58	34.05	106	62.24
1936	67	39.76	118	70.03

A study of the above figures shows that, with the exception of the years 1931 and 1935, the death rate of children under four weeks old has remained remarkably constant, and suggests that if we hope to achieve a further reduction in the infantile mortality rate, it will have to be by a reduction of this figure.

The majority of neo-natal deaths are in children who are born unable to face the struggle of life, and who die before disease of any kind has had a chance to attack them. Prematurity, congenital debility, mal-development and injuries at birth are the chief causes, and account for 55, or 82 per cent., of the 67 deaths. Our method of attacking this problem lies in those measures directed to the care of the mother during the ante-natal period, during child-birth and during the post-natal period.

It is essential to provide skilled ante-natal care, which will detect physical abnormalities likely to affect child-birth and which will maintain the health of the pregnant mother at a high level. Skilled attention during child-birth will avoid the occurrence of birth injuries and deal effectively with any complications in the newly-born infant. The last essentials are adequate post-natal care and education of the mother in the management and care of her child.

During the last few years much attention has been focussed on the problem of maternal mortality, and much has been done for maternal welfare. The Midwives Act, 1936, is one of the most recent reforms, and it will be interesting to watch the effect of this and other measures on the neo-natal mortality rate.

The comparative statement of Vital Statistics has been prepared by the Medical Officer of Health for Stockport, and I am indebted to him for its inclusion.

Vital Statistics of the Borough for the Year, and previous Years.

17

Y <small>EAR</small> .	Population estimated to middle of each Y <small>EAR</small> .	B <small>IRTHS</small> .			T <small>OTAL DEATHS</small> REGISTERED IN THE B <small>OROUGH</small>		T <small>RANSFERABLE</small> D <small>EATHS</small>		N <small>ETT DEATHS BELONGING TO THE</small> B <small>OROUGH</small>			
		Unco- rected Number	N <small>ETT</small>		N <small>UMBER</small>	R <small>ATE</small> .	of Non- residents register'd in the Borough	of resi- dents not register'd in the Borough	U <small>NDER 1 Year</small> of A <small>GE</small> .		A <small>T all Ages</small>	
			N <small>UMBER</small>	R <small>ATE</small> .					N <small>UMBER</small>	R <small>ATE</small> per 1,000 n <small>ETT</small> B <small>IRTHS</small>	N <small>UMBER</small>	R <small>ATE</small>
1	2	3	4	5	6	7	8	9	10	11	12	13
1919	...	2294	2246	15.7	2390	17.2	225	56	213	95	2221	16.0
1920	143,154	3336	3312	23.6	2285	16.0	205	60	355	105	2140	15.0
1921	148,300	3149	3136	21.3	2333	15.9	207	52	341	109	2178	14.8
1922	148,300	2828	2835	19.3	2531	17.2	256	57	301	106	2332	15.8
1923	147,500	2633	2617	17.8	2560	17.4	264	56	289	110	2352	16.0
1924	147,300	2397	2433	16.3	2226	14.9	237	56	260	107	2045	13.7
1925	146,200	2279	2279	15.5	2376	16.1	255	65	236	103	2186	14.8
1926	143,000	2316	2338	16.1	2565	17.7	805	68	241	103	2328	16.0
1927	141,400	2104	2095	14.6	2249	15.7	281	86	181	86	2054	14.4
1928	143,200	2059	2044	14.1	2289	15.9	300	88	181	88	2064	14.4
Averages for years 1919-1928	.....	2539	2539	17.4	2380	16.4	303	64	259	101	2190	15.0
1929	142,500	1946	1887	13.2	2913	20.3	330	73	221	117	2646	18.5
1930	142,500	1956	1902	13.3	2277	15.9	309	88	134	70	1950	13.7
1931	141,900	2035	1928	13.5	2370	16.7	333	70	204	105	2035	14.3
1932	138,900	1992	1791	12.8	2305	16.5	347	60	149	83	1942	13.9
1933	136,700	1912	1696	12.4	2387	17.4	390	65	120	70	2049	14.9
1934	135,200	2007	1710	12.6	2317	17.1	331	64	121	70	1962	14.5
1935	133,300	1975	1703	12.7	2334	17.5	379	72	106	62	1947	14.6
1936	131,000	1991	1685	12.8	2295	17.5	419	78	118	70	1954	14.9

Area of the Borough in Acres, 4,735.

At Census of 1931.—Total population at all ages, 140,314. Number of inhabited houses, 36,071.
Average number of persons per house, 3.8.

Comparative Statistics of the Wards.

The table below sets out the principal vital statistics for the year in respect of the twelve wards in the Borough.

WARD	Census Population 1931	Area in Acres.	Density (Persons to an Acre).	No. of Nett Births Register'd	BirthRate 1936, per 1,000 Populat'n	No. of Deaths under 1 yr. of age	Infantile Death Rate	No. of Deaths Register'd	Death Rate per 1,000 Populat'n
St. Mary's.....	9,870	124	79·6	139	14·1	6	·6	134	13·5
St. Peter's	9,934	284	31·4	100	10·1	11	1·1	138	13·8
Werneth	10,922	264	41·4	100	9·2	4	·4	160	14·6
Westwood.....	13,672	281	48·6	119	8·7	8	·6	181	13·2
St. Paul's	16,279	485	33·5	194	11·9	18	1·1	214	13·1
Coldhurst	7,592	143	53·1	87	11·5	5	·6	117	15·4
Hartford	11,662	202	57·7	125	10·7	13	1·1	164	14·0
Hollinwood	12,126	417	29·0	142	11·7	8	·7	134	11·0
Clarksfield	16,015	652	24·5	230	14·4	17	1·0	265	16·5
Mumps	7,810	135	57·8	122	15·6	7	·9	105	13·4
St. James'	10,218	967	10·5	139	13·6	5	·5	123	12·0
Waterhead	14,214	781	18·1	188	13·2	16	1·1	219	15·4

Comparative Statement of Vital Statistics for the Year 1936.

	Birth Rate	Death Rate	Local Adjusted Death Rate	Infantile Mortality Rate		Death Rate from Phthisis	Death Rate from other Tubercular Diseases	Maternal Mortality Rate (per 1,000 Total Births)		
				Year 1936	Average, Five Years 1931—1935			Puerperal Sepsis	Other Causes	Total
England & Wales	14.8	12.1	...	59	62	0.58	0.11	1.34	2.31	3.65
122 Great Towns	14.9	12.3	...	63	...	...	...	...	...	...
Birkenhead	17.2	12.6	13.7	63	76	0.79	0.08	1.96	2.34	4.30
Blackburn	11.7	14.3	14.7	64.6	64	0.68	0.07	1.40	4.91	6.31
Bolton	12.4	13.7	14.9	58	68	0.56	0.12	0.43	3.93	4.36
Burnley	12.22	14.13	15.26	63.56	76.74	0.60	0.11	1.69	4.23	5.92
Bury	13.91	13.56	13.69	56	68	0.48	0.14	1.14	3.43	4.57
Halifax	12.3	15.2	14.9	68	83	0.61	0.15	1.56	5.46	7.02
Huddersfield	12.30	14.10	14.52	63	53	0.46	0.08	1.97	3.94	5.91
Manchester	14.71	13.50	15.39	77	77	0.87	0.14	1.69	3.29	4.98
Oldham	12.86	14.94	16.73	70	78	0.44	0.12	1.68	4.48	6.16
Preston	14.43	14.10	15.65	83	81	0.59	0.10	4.01	4.59	8.60
Rochdale	11.75	15.10	15.86	69	78	0.53	0.18	...	3.51	3.51
Salford	15.0	14.0	16.5	90	90	1.0	0.14	1.5	3.7	5.2
St. Helens	18.3	12.1	14.9	56.1	90.6	0.7	0.06	2.42	2.42	4.84
Stockport	13.65	13.16	13.82	75.6	69.03	0.62	0.18	...	3.15	3.15
Wallasey	13.7	12.9	12.64	65.9	49.2	0.64	0.11	1.45	...	1.45
Warrington	15.8	12.2	14.6	90	79	0.8	0.07	...	5.4	5.4
Wigan	17.06	12.68	15.22	82	93	0.57	0.15	0.65	1.96	2.61

Table of Causes of Death at Different Periods of Life during the year 1936.

CAUSES OF DEATH.	Sex.	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES...	M	935	58	12	17	34	25	42	55	121	218	221	132
	F	1019	60	8	14	27	18	32	53	108	175	288	236
1 Typhoid and paratyphoid fevers	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
2 Measles	M	7	1	3	2	1	...	...	...	...	...	...	...
	F	6	2	...	3	1	...	...	...	...	...	...	...
3 Scarlet Fever	M	1	...	...	...	...	...	...	...	...	1	...	...
	F	1	...	...	...	1	...	...	...	...	...	...	...
4 Whooping Cough	M	7	4	...	1	2	...	...	...	...	...	...	...
	F	9	3	2	3	...	...	...	1	...	...	...	...
5 Diphtheria	M	14	...	...	5	9	...	...	...	...	...	...	...
	F	9	...	...	1	8	...	...	...	...	...	...	...
6 Influenza	M	17	1	...	...	...	...	2	2	3	4	4	1
	F	10	1	...	...	...	...	1	...	2	1	2	3
7 Encephalitis lethargica	M	4	...	...	...	...	...	...	...	3	1	...	...
	F	2	...	...	...	...	...	1	...	...	...	1	...
8 Cerebro-spinal fever	M	4	...	1	1	2	...	...	...	...	...	...	...
	F	5	1	...	...	1	1	...	1	1	...	...	...
9 Tuberculosis of respiratory system	M	35	...	...	...	...	3	8	7	8	7	2	...
	F	22	...	...	...	...	7	6	5	2	2	...	...
10 Other tuberculous diseases	M	13	2	...	...	4	3	2	1	1	...	...	...
	F	4	...	1	1	1	...	...	...	1	...	...	...
11 Syphilis	M	6	...	...	...	1	...	...	...	4	1	...	...
	F	1	...	...	...	...	...	...	...	1	...	...	...
12 General paralysis of the insane, tabes dorsalis	M	8	...	...	...	...	...	1	...	4	2	1	...
	F	2	...	...	...	...	1	...	...	...	1	...	...
13 Cancer, malignant disease	M	113	...	...	...	...	1	2	4	13	42	38	13
	F	139	...	...	...	...	...	1	8	25	39	40	26
14 Diabetes	M	12	...	...	...	...	...	...	1	3	4	2	2
	F	23	...	...	...	...	1	...	...	2	5	12	3
15 Cerebral hæmorrhage, etc.	M	36	...	...	...	...	...	...	...	3	6	13	15
	F	73	...	...	...	...	...	...	...	2	18	27	25
16 Heart disease	M	222	...	...	1	1	3	8	3	23	61	70	52
	F	273	...	...	...	1	2	3	14	27	53	99	74
17 Aneurysm	M	1	...	...	...	...	...	...	...	...	...	1	...
	F	1	...	...	...	...	...	...	...	...	1	...	...
18 Other circulatory diseases	M	59	...	...	...	...	...	...	...	5	13	27	14
	F	65	...	...	...	...	...	...	...	4	12	24	25
19 Bronchitis	M	49	1	...	1	...	...	...	3	2	17	14	11
	F	57	...	...	1	...	1	...	1	6	4	22	22
20 Pneumonia (all forms)	M	68	6	4	1	2	3	3	12	16	9	8	4
	F	44	10	3	4	2	1	3	2	5	1	9	4
21 Other respiratory diseases	M	12	1	1	...	1	...	1	1	5	1	1	...
	F	10	...	...	...	...	...	...	2	1	2	4	1
22 Peptic ulcer	M	6	...	...	...	...	...	...	1	3	1	1	...
	F	2	...	...	...	...	...	...	...	1	...	1	...
23 Diarrhoea, etc.	M	4	4	...	...	...	...	...	...	...	...	...	...
	F	6	3	1	...	...	...	...	2	...	...	...	...
24 Appendicitis	M	5	...	...	...	1	...	2	...	1	...	1	...
	F	3	...	...	...	...	...	1	1	1	...	...	...
25 Cirrhosis of liver	M	2	...	...	...	...	...	...	...	...	1	1	...
	F	1	...	...	...	...	...	...	...	...	...	1	...
26 Other diseases of liver, etc.	M	1	...	...	...	...	...	...	...	...	...	1	...
	F	4	...	...	...	...	...	...	1	...	1	1	1
27 Other digestive diseases	M	16	1	...	...	2	2	1	1	2	5	2	...
	F	14	3	...	...	1	...	1	...	1	1	3	4
28 Acute and chronic nephritis	M	41	...	...	...	2	1	1	7	6	11	9	4
	F	45	...	...	...	...	...	2	4	8	16	10	5
29 Puerperal sepsis	M	3	...	...	...	...	...	2	1	...	...	...	...
	F	8	...	...	...	...	...	5	3	...	...	...	...
30 Other puerperal causes	M	34	34	...	...	...	...	...	...	...	...	...	...
	F	31	30	...	...	...	...	...	1	...	...	...	...
31 Congenital debility, premature birth, malformation, etc.	M	34	34	...	...	...	...	...	...	...	...	...	...
	F	31	30	...	...	...	...	...	1	...	...	...	...
32 Senility	M	10	...	...	...	...	...	...	...	...	1	3	6
	F	35	...	...	...	...	...	...	...	...	1	4	30
33 Suicide	M	11	...	...	...	...	...	2	1	1	5	2	...
	F	6	...	...	...	...	1	...	1	1	1	2	...
34 Other violence	M	35	...	2	3	...	3	2	3	7	6	5	4
	F	30	2	1	...	3	1	...	...	...	4	10	9
35 Other defined diseases	M	74	3	1	2	6	6	7	8	9	15	12	5
	F	68	5	...	1	8	2	6	5	14	12	11	4
36 Causes ill-defined, or unknown	M	8	...	...	...	...	...	...	...	...	4	3	1
	F	7	...	...	...	...	...	...	...	2	...	5	...

Table showing the Birth-rates, also Rates of Mortality from all causes, from the seven principal Zymotic Diseases, and from Phthisis, Bronchitis, and Pneumonia, during the years 1903-1936.

Year	Population	RATES PER 1,000 POPULATION FROM						Deaths under 1 year to 1000 births
		Births	Deaths all causes	7 princip ^l Zymotic Diseases	Phthisis	Bronchitis	Pneumonia	
1903	138,786	25.6	18.6	2.4	1.6	2.4	1.6	160
1904	139,497	24.9	18.3	2.3	1.4	2.2	1.5	155
1905	140,225	24.3	18.1	2.1	1.5	1.9	1.6	150
1906	140,969	26.9	18.8	2.8	1.3	1.7	1.6	146
Average 5 years		25.5	18.6	2.3	1.4	2.0	1.6	152
1907	141,730	26.5	19.3	1.5	1.6	2.5	1.9	144
1908	142,507	28.4	20.1	2.6	1.5	2.2	1.5	159
1909	143,301	27.4	19.0	1.1	1.4	2.2	1.8	119
1910	146,700	25.2	16.7	1.8	1.1	1.7	1.5	127
1911	147,751	24.4	18.2	2.5	1.2	1.7	1.5	159
Average 5 years		26.4	18.6	1.9	1.3	2.0	1.6	141
1912	148,840	22.9	16.3	1.3	1.3	1.8	1.3	117
1913	149,936	23.2	17.1	1.4	1.2	2.0	1.3	139
1914	151,044	23.0	17.8	2.5	1.2	1.9	1.4	136
1915	141,781	20.8	18.0	1.0	1.4	2.3	1.6	126
1916	*136,126	17.8	16.7	0.9	1.3	1.8	0.9	122
Average 5 years		21.5	17.2	1.4	1.3	1.9	1.3	128
1917	*133,721	14.4	16.0	0.8	1.3	2.1	1.3	110
1918	149,285	13.8	21.1	1.0	1.2	2.7	2.3	118
1919	—	15.7	16.0	0.6	0.9	2.2	1.1	95
1920	143,154	23.6	15.0	0.4	1.1	1.6	1.2	105
1921	148,300	21.3	14.8	0.5	0.8	1.7	1.2	109
Average 5 years		17.7	16.6	0.6	1.1	2.1	1.4	107
1922	148,300	19.3	15.8	0.7	0.9	2.0	1.2	106
1923	148,300	17.8	16.0	0.5	0.8	2.2	1.5	110
1924	147,300	16.3	13.7	0.3	0.8	1.7	1.2	111
1925	146,200	15.5	14.8	0.5	0.8	1.7	1.1	103
1926	143,000	16.1	16.0	0.7	0.8	1.9	1.4	106
Average 5 years		17.0	15.2	0.5	0.8	1.9	1.3	107
1927	141,400	14.6	14.4	0.2	0.7	1.7	1.2	86
1928	143,200	14.1	14.4	0.4	0.8	1.6	0.9	88
1929	142,500	13.2	18.5	0.86	1.0	2.5	1.7	117
1930	142,500	13.3	13.7	0.3	0.7	1.6	1.0	70
1931	141,900	13.5	14.3	0.2	0.7	1.8	1.4	105
Average 5 years		13.7	15.0	0.3	0.7	1.8	1.2	93
1932	138,900	12.8	13.9	0.2	0.7	1.3	1.1	83
1933	136,700	12.4	14.9	0.14	0.6	1.6	1.5	70
1934	135,200	12.6	14.5	0.48	0.7	1.3	1.1	70
1935	133,300	12.7	14.6	0.24	0.6	1.7	1.0	62
1936	131,000	12.8	14.9	0.41	0.4	0.8	0.8	70
Average 5 years		12.6	14.5	0.28	0.6	1.3	1.1	71

*Estimated for Deaths.

Infant Mortality during 1936.

Deaths from stated causes and various ages under one year.

CAUSE OF DEATH	Under 1 day	1—5 days	2—8 days	3—4 days	4—5 days	5—6 days	6—7 days	Total under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
ALL CAUSES { Certified { Uncertified	21	5	8	4	4	...	1	43	12	7	5	67	12	9	16	13	117
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
T.B. of Nervous System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
T.B. of Intestines and Peritoneum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other T.B. Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	1	...	1	...	...	...	...	2	...	1	...	3	...	1	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Respiratory Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Inflammation of Stomach	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea and Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hernia—intestinal obstruction	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	1	1	1	2	...	...	...	3	...	...	...	...	...	...	...	...	...
Congenital Debility and Sclerema	3	1	...	...	...	...	...	7	...	...	...	10	...	...	...	...	...
Icterus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	12	3	2	1	1	...	1	20	...	...	...	29	...	...	...	...	...
Injury at Birth	2	...	...	1	...	...	...	3	...	...	...	4	...	...	...	...	...
Diseases of umbilicus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation in bed and not stated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Heart Disease	1	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes	...	...	2	...	...	...	...	2	...	...	...	4	...	...	...	...	...
	21	5	8	4	4	...	1	43	12	7	5	67	13	9	16	13	118

Section II.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Staff.

Full particulars of the staff of the various departments are given at the beginning of the report. The year was marked by the retirement of Dr. J. B. Wilkinson, who was appointed Medical Officer of Health in 1898.

Laboratory Facilities.

There has been no alteration in the arrangements for this work, which is undertaken at the Oldham Royal Infirmary and at the Public Health Laboratory, Manchester.

Details of the examinations made during the year are given below:—

	Public Health Laboratory, Manchester.		Oldham Royal Infirmary.	
	Number examined	Number positive	Number examined	Number positive
Swabs (for Diphtheria)	454	198	5,094	342
Virulence Tests (for Diphtheria)	97	81	—	—
Widal Tests	—	—	1	—
Fæces and Urine ...	1	—	1	—
Cerebro Spinal Fluid...	1	—	5	—
Other Examinations ...	7	1	—	—

Ambulance Facilities.

Two motor ambulances are kept at Westhulme Hospital and are used for the removal of cases of infectious disease and tuberculosis.

Two ambulances are maintained by the Public Assistance Committee and are used for the removal of patients to Westwood Park Institution and for the transfer of patients to and from the Institution to the Municipal Hospital.

The Police Department possess six ambulances, and provide a very efficient service for the Borough and the adjacent areas of Chadderton, Royton, Springhead, Shaw, Lees and Failsworth.

Professional Nursing in the Home.

General. A voluntary body, the Oldham and District Nursing Association whose home is situated in Union Street West, undertakes the professional nursing of cases of general sickness in the home. The staff consists of 17 nurses.

Infectious Diseases. No provision is made for the nursing of cases of infectious disease in the home.

Midwives. No Midwives are employed or subsidised by the authority except those employed in the Municipal Hospital and the Maternity Home.

Compensation is paid to Midwives whose patients are admitted to Hospital on account of the development of a complication which necessitates hospital treatment or of an emergency arising after the onset of labour. Fees are paid to midwives for attendance on necessitous cases approved previous to confinement.

Treatment Centres and Clinics.

The local authority provide the following clinics at the places and times stated:—

Infant Welfare Centres.

Central, Town Hall	... ..	Tuesday, Wednesday and Thursday	2-0 p.m.
Infant Clinic, Central, Town Hall		Tuesday and Thursday	10-0 a.m.
Hollinwood Church Institute, Incline Road	... ..	Thursday	2-0 p.m.
The Day Nursery, Overens Street		Wednesday	2-0 p.m.
Evangelist Church School, Lord Street	... ..	Wednesday	2-0 p.m.
Copster School, Copsterhill Road		Tuesday	2-0 p.m.
Mission Hall, York Street	...	Tuesday	2-0 p.m.
Methodist School, Watersheddings		Thursday	2-0 p.m.
Methodist School, Roundthorn Road	... ..	Wednesday	2-0 p.m.

(At the Branch Centres the Infant Consultations and Schools for Mothers are on alternate weeks).

Ante-Natal Clinic.

Central, Town Hall	Monday	2-0 p.m.
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School Clinics.

Scottfield	Daily	1-30 p.m.
Gower Street	Saturday	9-30 a.m.

Dental Clinics (by appointment).

Scottfield	... ..	Daily	1-30 p.m.
Gower Street	... ..	Saturday	9-30 a.m.
Cannon Street	... ..	

Orthopædic Clinic (by appointment).

Isabella Greenhalgh Institute, Gainsborough Avenue	Surgeon attends alternate Wednesdays at 10-0 a.m. Remedial exercises and U.V.R. treatment daily by appointment	
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Tuberculosis Dispensary.

25, Barker Street	{	Tuesday	9-30 a.m.
		Thursday	9-30 a.m.
		Second Tuesday in each month at	
		5-45 p.m. for patients who are working	

Venereal Diseases Clinic

Oldham Royal Infirmary ...	{	(Women and Children)	
		Monday, 7-30 p.m.	
		(Men)	Tuesday, 7-30 p.m.
		(Men)	Wednesday, 7-30 p.m.

HOSPITALS—PUBLIC AND VOLUNTARY.**The Municipal Hospital.**

This is a General Hospital maintained under the Local Government Acts and the Public Health Acts. It serves the County Borough of Oldham and the adjacent areas of Middleton, Royton, Crompton, Lees and Chadderton, which have a total estimated population of 234,729.

During the year the Health Committee devoted much time and thought to the hospital, and many necessary improvements were made. Late in the year the Council approved of the Committee's recommendation that plans for a new Maternity Unit be obtained. These are being prepared by Messrs. Elcock & Sutcliffe, of London.

The Medical Superintendent, Dr. R. M. Maher, reports as follows:—

Changes in the Municipal Hospital during the Year.

Modernisation has been proceeding. The Maternity Wards were installed with up-to-date Labour Rooms, with re-flooring (terra-cotta). A further Labour Room was formed from a side room in the ward below. Two Infant Rooms were formed on each floor, with electrical heating, and modern innovations such as electric blankets were added.

New anæsthetic equipment was added, and a special bathroom built.

Ante-Natal Clinic.

Reform of the Clinic commenced by making three main rooms, with special heating, on the first floor of the old Children's Hospital, and all equipment was added.

Private Ward.

A private ward was opened last year, and has been in almost constant use since.

Ward Improvements.

Further additions, bringing the ward equipment up-to-date, and wash basins have been installed in most of the wards, and electric sterilizers in three wards.

Single rooms for sick patients were formed on the D1 and D2 Wards, by alteration of bath arrangements. These rooms are almost as well arranged as a private ward.

Cooking.

A big transfer of staff for the purposes of economy of working was commenced, and the unification of the kitchens brought about. New food trolleys have been provided.

Pathological Laboratory.

A pathological service for the hospital was commenced, by co-operation with the Oldham Royal Infirmary. A head technician was added, with an assistant for pathological work.

Medical Officers.

A special Obstetric Officer was appointed, only doing work on the Maternity Wards.

Nursing Staff.

Privileges were considered and revised during the year.

The following statistical returns are extracted from Form Hosp. 6 and Form Hosp. 7, which are completed for the Ministry of Health:—

Total Number of Beds provided in the Institution for sick, maternity and mental cases at 31st December, 1936:—

(a) For men	...	...	...	...	...	...	123
(b) For women	...	...	...	...	...	...	151
(c) For children (under 16 years of age)	...	...					61
							—
					TOTAL	...	335

I.—Table showing the Classification of the Accommodation for Sick, Maternity and Mental Cases, and the Number of Beds occupied on the 31st December, 1936.

Classification of Wards (1)	Number of Wards (2)	BEDS							
		MEN		WOMEN		CHILDREN (under 16 years of age)		TOTAL	
		Provided (3)	Occupied (4)	Provided (5)	Occupied (6)	Provided (7)	Occupied (8)	Provided (9)	Occupied (10)
1. Medical	11	88	67	78	62	11	16	177	145
2. Surgical	5	31	25	29	26	—	1	60	52
3. Children	3	—	—	—	—	50	28	50	28
4. Maternity	4	—	—	44	26	—	—	44	26
5. Other	1	4	—	—	—	—	—	4	—
TOTALS	24	123	92	151	114	61	45	335	251

II.—Statistics relating to the Year ended 31st December, 1936.

(a) In-Patients.

1.	Total Number of Admissions (including infants born in hospital)	4,561
2.	Number of Women confined in hospital	869
3.	Number of Live Births	816
4.	Number of Still Births	69
5.	Number of Deaths among the Newly-born (i.e., under four weeks of age)*	36
6.	Total Number of Deaths among Children under one year (including those given under 5)	67
7.	Number of Maternal Deaths among women admitted to hospital for confinement	13
8.	Total Number of Deaths	602
9.	Total Number of Discharges (including infants born in hospital)	3,987
10.	Duration of stay of Patients included in 8 and 9 above. Number of cases whose total stay was for the following periods:—	
	(a) under four weeks	3,796
	(b) four weeks and under thirteen weeks	598
	(c) thirteen weeks or more	195
11.	Number of Beds occupied (excluding cots in maternity wards); (a) average during the year	261
	(b) highest, 318 on 22/2/36; (c) lowest, 202 on 19/7/36	
12.	Number of Surgical Operations under general anæsthetic (excluding dental operations)	771
13.	Number of abdominal sections	310

*This figure relates only to children born in hospital.

(b) Out-Patients.

There is no Out-Patient Department except for the Ante-Natal Clinic, where 850 mothers made 7,640 attendances.

(c) Classification of In-Patients who were discharged from or who died in the Institution during the year ended 31st December, 1936.

DISEASE GROUPS					Children (under 16 years of age)		Men and Women	
					Dis-charged	Died	Dis-charged	Died
A.	Acute Infectious Disease	...	...	...	34	11	19	7
B.	Influenza	...	...	...	—	—	8	3
C.	Tuberculosis—							
	Pulmonary	...	...	...	—	—	18	—
	Non-Pulmonary	...	...	...	8	1	18	1
D.	Malignant Disease	...	...	...	—	—	65	35
E.	Rheumatism—							
	(1) Acute rheumatism (rheumatic fever), together with sub-acute rheumatism and chorea				26	1	29	3
	(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)...	...	...	...	1	—	13	—
	(3) Chronic arthritis	...	...	...	—	—	9	1
F.	Venereal Disease	...	...	...	—	1	5	1
G.	Puerperal Pyrexia	...	...	...	—	—	43	—
H.	Puerperal Fever—							
	(a) Women confined in the hospital	...	...	...	—	—	1	1
	(b) Other cases	...	...	...	—	—	2	—
I.	Other Diseases and Accidents connected with pregnancy and childbirth	...	...	...	—	27	270	12
J.	Mental Diseases—							
	(a) Senile dementia	...	...	...	—	—	1	—
	(b) Other	...	...	...	—	—	6	—
K.	Senile Decay	...	...	...	—	—	20	10
L.	Accidental Injury and Violence	...	...	...	12	—	73	20
<i>In respect of cases not included above:</i>								
M.	Disease of the Nervous System and Sense Organs	...	...	...	—	—	77	25
N.	Disease of the Respiratory System	...	...	...	38	17	186	103
O.	" " Circulatory	...	...	...	21	3	191	154
P.	" " Digestive	...	...	...	43	4	294	40
Q.	" " Genito-urinary	...	...	...	9	1	181	37
R.	" " Skin	...	...	...	47	1	106	16
S.	Other Diseases	...	...	...	68	3	72	12
T.	Mothers and Infants discharged from maternity wards and not included in above figures—							
	Mothers	...	...	...	—	—	890	—
	Infants	...	...	...	795	—	—	—
U.	Any persons not falling under any of the above headings	...	...	...	104	1	184	50
TOTALS					1,206	71	2,781	531

Statement of Cancer Patients for the Year.

Total number of Patients admitted to Hospitals of the Council, 72.

I.

II.

III.

SITES	Patients admitted after previous advice or treatment at another hospital providing radiation as well as operative treatment		Patients admitted after previous advice or treatment at another hospital providing operative but not radiation treatment				Patients admitted without advice or treatment at another hospital	
	Total Number, 12		Total Number, 5				Total Number, 55	
	(a) Numbers treated at that hospital	(b) Numbers not treated at that hospital	(a) Numbers retained in Council's hospital	(b) Numbers referred for advice and/or treatment to a hospital providing radiation treatment	(a) Numbers retained in Council's hospital	(b) Numbers referred for advice and/or treatment to— (i) Hospital providing operative treatment (ii) Hospital providing radiation as well as operative treatment	(a) Numbers retained in Council's hospital	(b) Numbers referred for advice and/or treatment to— (i) Hospital providing operative treatment (ii) Hospital providing radiation as well as operative treatment
Uterus ...	2	—	—	—	—	—	5	—
Tongue & Mouth	3	—	—	—	—	—	3	—
Breast ...	—	—	—	—	—	—	3	—
Lip ...	—	—	—	—	—	—	—	—
Skin ...	—	—	—	—	—	—	1	—
Larynx	—	—	1	—	—	—	2	1
Bladder	—	—	—	—	—	—	—	—
Rectum	1	—	—	—	—	—	5	1
Other sites	6	—	2	2	—	—	33	1
TOTAL	12	—	3	2	—	—	52	3

Westhulme Hospital for Infectious Diseases.

This hospital consists of three hospital blocks; one of which is used for scarlet fever, another for diphtheria, and the third a small isolation block for typhoid and cases of mixed infections. There is also a pavilion for 30 cases of tuberculosis.

Strinesdale Sanatorium.

No extensive alterations have been made at this institution during the year. The new Administration Block and Nurses' Home and the new Patients' Day Room were completed and put into use in September, 1935. The sanatorium now has accommodation for 54 patients.

Racefield Hospital, Chadderton.

This is the small-pox hospital for the area, and is maintained by the Chadderton, Royton and Crompton Joint Hospital Board. The Borough bears a proportion of the cost, but has no representation on the committee. When not required for small-pox it is rented to the Lancashire County Council and used by them as a pulmonary hospital. No small-pox cases were admitted during the year.

The Joint Hospital Board have an arrangement with the Ashton and District Small-pox Hospital Joint Board for their cases to be admitted to the Hartshead Hospital. This hospital is never closed. The staff is always in readiness to receive cases.

Greenacres Maternity Home.

There has been no alteration in this institution during the year. There are 15 beds, including one isolation bed, in the home.

Castleshaw Convalescent Home.

The Castleshaw School of Recovery was taken over by the Health Committee from the Education Committee in October for use as a convalescent home for children. There is accommodation for 22 girls.

Oldham Royal Infirmary.

This is a voluntary hospital of 170 beds which serves the Borough and adjacent areas. It has a large out-patient department, a fully equipped electrical and X-ray department, and a special fracture clinic. In addition to beds for general surgical patients, there is accommodation for ear, nose and throat cases, and eye cases.

The venereal diseases' clinic is held at this institution, and much of the pathological work of the Health Department is carried out in its laboratory.

Nursing Homes.

There is one nursing home in the Borough, of 18 beds, which is managed by a committee composed of local medical practitioners.

The Westwood Park Institution.

This serves the Oldham County Borough and part of the Lancashire County Area, including Chadderton, Middleton, Crompton, Royton, Shaw and Lees.

The Institution provides accommodation for male and female able-bodied persons, for chronic and infirm persons who are not acute medical or surgical cases, and for mental cases. During the year two new ward blocks were completed for chronic and infirm persons. These are of the most modern construction for this type of case, and will provide 208 beds.

Poor Law Medical Out-Relief.

There are six District Medical Officers, who are under the control of the Public Assistance Committee.

Oldham Council for Mental Health.

This is a voluntary association which is affiliated to the National Council for Mental Hygiene. The subject of mental health has received little attention in the past, but its importance is slowly being recognised. The work of this society is pioneer in character, and its activities should be recorded. I am indebted to Miss Elizabeth Martland, the honorary secretary, for the following report:—

The Oldham Council for Mental Health came into existence spontaneously in the autumn of 1934, at a citizens' meeting called by the Public Assistance Committee with the intention of sounding public opinion in the town, and addressed by Dr. Odum. At a previous conference of the National Council for Mental Hygiene the representative of the Oldham Borough Council had been painfully impressed with the need for more rapid progress in the development of mental health services in this country.

There continues to be abundant evidence of the need for welfare and propaganda work in the field of mental as well as physical hygiene; and, indeed, these two factors in the prevention and cure of disease are so closely allied as to defy separation.

In Oldham the most urgent problems appear to group themselves in four main categories—adequate accommodation for the insane; adequate accommodation and residential treatment for patients suffering from functional nervous disorders; adequate accommodation for mental defectives; and psychological advice and guidance for children and adults displaying abnormalities of emotional development or behaviour.

Every effort is being made to study these problems and to work towards their solution.

There has been much correspondence with other organisations concerned with various aspects of mental hygiene. Interviews have been arranged with responsible officials in Oldham and Manchester. Press cuttings have been correlated and examined with care in order to form some estimate of what is being done in other places.

The Biennial Conference called by the National Council for Mental Hygiene in January, 1936, was attended by several members from Oldham, who gleaned much valuable information from other representatives of official and voluntary bodies from all parts of the British Isles.

Views still more varied upon conditions and problems abroad were gained at a European re-union of experts upon mental health and disease, held also in London under the auspices of the National Council last October. In addition to the usual Meetings for the reading of papers and discussions, some members of the Oldham organization were privileged to take part in visits of inspection to well known Institutions of special interest to those concerned with mental welfare.

During the spring, four lectures by distinguished specialists were delivered at the Town Hall, Oldham, by kind permission of the Borough Council and in co-operation with the National Council and the Oldham Medical Society. Dr. Hugh Crichton Miller read a most charming and practical paper on mental health and family life, Dr. Dennis Carroll gave an authoritative and detailed address on recent research in the problems of delinquency, Dr. Doris Odlum dealt no less ably with the subject of mental health and education, and Dr. Nicole with mental problems of everyday life. These Lectures were well attended and greatly enjoyed by audiences representing many different interests in the town. In the winter months a series of more informal talks by local experts were warmly appreciated, giving rise to spirited discussions among members afterwards.

Mr. Royds, who had recently conducted a local investigation on the causes of juvenile delinquency in Oldham, spoke on this topic. Dr. Maher dealt with the subject of mental disease and Miss Woodhead on speech defects. All three speaking emphasised with admirable skill the actual state of affairs in our own town, its achievements, its possibilities and its needs. In the course of the summer, an expedition to Lowdham Grange Borstal Institution, Nottingham, was arranged, and those members who were able to avail themselves of it were greatly impressed with the humane and enlightened methods in practice there.

By the invitation of the Feversham Committee, a detailed reply to their questionnaire on the mental health services was furnished by the officers of the Oldham Council.

Many individuals in need of advice and help have been referred to appropriate clinics, or provided with the information or assistance they required. From the volume and genuine nature of these enquiries, it would seem that some recognised mental health centre or office would be

of great service to the community, if only as a means of impressing upon patients the importance of seeking medical advice at an early stage and explaining to them the facilities already open to them.

In conclusion, the thanks of the Oldham Council for Mental Health are due to the Borough Council, The Medical Officer of Health, The Director of Education, the medical practitioners of the town and many others in Oldham, Manchester and London who have done their utmost to further its work.

Once the magnitude and poignancy of the problem is generally understood, progress and reform are bound to follow. Meanwhile no effort can be spared, and help and support of every kind are urgently needed.

Health Education.

Civic week afforded an excellent opportunity for Health Propaganda and the Public Health Department stand was well patronised. During the week lectures were given by various members of the staff on their particular branch of work.

At other times during the year lectures were also given to various religious and social organisations in the Borough.

Section III.

MATERNITY AND CHILD WELFARE

The Central Welfare and Ante-Natal Centre is situated in offices adjacent to the Health Department. It is sufficient to state that they are hopelessly inadequate for their purpose; they lack the ordinary and simplest necessities of a Centre, and are anything but attractive to the young and sensitive mother.

There are seven Branch Centres situated throughout the town. None of these can be described as excellent premises and some of them are far from satisfactory. The provision of a modern and efficient Health Centre would allow us to transfer to it the work of the nearer centres.

The various centres in the town, with times and places of meeting, are set out below.

MATERNITY AND CHILD WELFARE CENTRES.

Centre	Day of Meeting	Hours
Central, Town Hall Infant Welfare	Tuesday, Wednesday and Thursday	2 to 5 p.m.
Ante-Natal Clinic	Monday	2 to 5 p.m.
Infant Clinic and Maternity Welfare	Tuesday and Thursday	10 a.m. to 12-30 p.m.
Hollinwood Church Institute, Incline Road	Thursday	2 to 5 p.m.
Day Nursery, Overens Street	Wednesday	2 to 5 p.m.
Evangelist Church School, Lord Street	Wednesday	2 to 5 p.m.
Copster School, Copsterhill Road	Tuesday	2 to 5 p.m.
Methodist Mission Hall, York Street	Tuesday	2 to 5 p.m.
Methodist School, Ripponden Road	Thursday	2 to 5 p.m.
Methodist School, Roundthorn Road	Wednesday	2 to 5 p.m.

At the Branch Centres, the Infant Consultations and School for Mothers are held on alternate weeks.

An Ante-Natal Clinic is also held in connection with the Maternity Unit at the Municipal Hospital. Patients attend for the first consultation on Monday afternoons between 1-30 and 3-30 p.m. Subsequent consultations are held on Tuesday afternoons, 2 to 4 p.m., and Friday evenings, 6 to 8 p.m. This ante-natal service is for the use of such expectant mothers as have booked maternity beds in the hospital.

The following figures relate to attendances at the Central Welfare during 1936:—

Number of Individual Cases who attended and who, at the end of the year, were—

Under 1 year	...	...	...	...	169	
1 to 5 years	...	...	...	...	305	
					—	474

Number of Attendances (mother and baby count as one)—

Under 1 year	...	...	...	...	5,127	
1 to 5 years	...	...	...	...	5,047	
					—	10,174

Total Number of New Cases who attended—

Under 1 year	...	...	...	...	196	
1 to 5 years	...	...	...	...	41	
					—	237

Total Number of Sessions 150

Average Attendance per Session 68

Total Number of Doctor's Consultations 1,813

The following figures relate to the work of the Branch Centres during 1936:—

Name of Centre	Sessions Held	New Cases Attending	Individual Cases Attending		Average Attendance	Total No. of Attendances
			Under 1 year	1—5 years		
Hollinwood	49	86	96	249	76	3736
York Street	46	126	106	292	97	4466
Overens Street...	47	142	119	349	109	5123
Lord Street	46	192	153	281	99	4550
Copster	47	219	120	226	110	5184
Ripponden Rd...	49	94	116	216	77	3774
Roundthorn	48	77	76	175	58	2785
Totals	330	936	786	1788	626	29618

The Central Ante-Natal Clinic.

The Assistant Medical Officer attends each Monday afternoon. The Consulting Obstetrician, Dr. E. A. Gerrard, attends monthly, and sees patients referred for his opinion. It is to be regretted that the general practitioners and the local midwives make slight use of the facilities available for consultation.

The following figures give particulars of the attendances:—

Number of Sessions held	43
Total Attendances	826
Average Attendance per Session	19
Number of New Cases attending	260
Number of Cases referred to Consultant	121
Number of Sessions held by Consultant ...	12
Total Attendances	128

The Greenacres Maternity Home.

During the year 258 cases were admitted, of which 75 were attended by the staff and 183 by doctors. This compares with 248 admissions for the previous year. There were 256 babies born; of these, six were stillbirths and five died within 10 days of birth. The causes of death were as follows:—

1. Difficult forceps delivery—post mature. Lived 15 mins.
2. Forceps applied for foetal distress. Lived 40 mins.
3. Meningocele. Lived 15 mins.
4. Atelectasis. Lived 10 hrs.
5. Forceps applied for foetal distress. Cord twice round neck
Lived 15 hrs.

There were no maternal deaths in the institution.

One case of puerperal fever was notified and 12 cases of puerperal pyrexia.

The Home was opened on September 25th, 1928, and since this date 1,991 patients have been admitted, 1,918 babies have been born living, and 68 stillborn.

It is the intention of the Maternity and Child Welfare Committee to transfer the maternity work to the new Maternity Unit which is to be erected in the grounds of the Municipal Hospital.

Births.

The Notification of Births Act requires that all births should be notified to the Medical Officer of Health within 36 hours of occurrence. During the year 1,750 notifications were received, relating to 1,654 live births and 96 still births. In addition there were 384 notifications

received which were transferred to the Medical Officer of the Authority concerned.

The 1,750 live and still births were notified by the following:—

Midwives	...	...	...	...	1,061
Doctors and Parents	...	...	...	...	689

In 24 instances parents had to be reminded of their omission to notify.

Transferred Births.

The names and addresses of 570 infants and young children who left the Borough (including those children born in Oldham Hospitals whose home addresses were outside the district) were notified to Medical Officers of the areas of their destination, and 116 notified as coming to live in the Borough.

Health Visiting.

No new development or change in the service provided by the Health Visiting staff occurred during the year. The following is a summary of the work done by the Health Visitors:—

Visits to Newly-born Infants	...	...	...	...	...	1,717
Re-visits—Infants under 12 months	...	...	...	...	...	5,282
Infants 1 to 5 years	...	...	...	...	...	13,066
Visits to—Ophthalmia neonatorum	...	...	...	...	...	73
Puerperal Fever and Pyrexia	...	...	...	...	...	30
Measles	...	...	...	...	...	2,342
Mumps	...	...	...	...	...	462
Whooping Cough	...	...	...	...	...	588
Chicken Pox	...	...	...	...	...	381
Infantile Deaths	...	...	...	...	...	109
Still births	...	...	...	...	...	—
Ante-Natal Cases	...	...	...	...	...	483
No. of sessions held at the Welfare Centre	...	...	...	...	...	330
Attendances at the Centres by Health Visitors	...	...	...	...	...	702
No. of swabs taken, re diphtheria contacts	...	...	...	...	...	2715

Supervision of Midwives.

Fifty-one midwives notified their intention to practise during the year, compared with 44 in 1935. Of these, 43 notifications related to midwives in private practice, and 8 to nurses in the Greenacres Maternity Home and The Municipal Hospital.

During the year several visits were made by the Superintendent Health Visitor for the purpose of inspecting the source of infectious disease occurring in the midwives' practices.

The following notifications were received from midwives practising in the Borough:—

Stillbirths	20
Notification of death	12
Artificial Feeding	14
Liability to be a source of infection	17

There were 282 Medical Aid Forms sent in by midwives. This figure compares with 300 for the previous year. The total cost of these claims amounted to £296 0s. 6d. Of this amount £52 5s. 0d. was recovered from the patients.

Two-hundred-and-three routine visits were paid by the inspector to the midwives during the year. The inspector also interviewed midwives at the Health Office on several occasions.

During the year 62 claims amounting to £107 15s. 0d. were paid for attendance on Necessitous Cases, and 47 claims amounting to £27 5s. 0d. for Compensation for loss of cases, i.e., patients sent to hospital.

Ophthalmia Neonatorum.

There were 18 cases of ophthalmia neonatorum notified during the year. The following are the results of these cases:—

Vision unimpaired	12
Vision impaired	1
Still under treatment	1
Died	1
Removed from district	3

Puerperal Pyrexia.

Forty-seven cases of pyrexia were notified during the year. Thirty-one cases occurred in The Municipal Hospital, 12 in Greenacres Maternity Home, one in Oldham Royal Infirmary, and three were notified by private practitioners.

It is probable that many cases confined in their own homes showed pyrexia during the puerperium, and were not notified.

Puerperal Fever.

Four cases were notified during the year; one from the Greenacres Maternity Home, one from a practitioner's practice, and two from The Municipal Hospital.

All were complicated cases of labour, and two of the patients died.

Infant Life Protection.

The supervision of infants under the age of nine years received for maintenance and reward is carried out by the Health Visitors. In addition to being visited frequently, the children are medically examined at the various Infant Welfare Centres.

The following are the figures for the year:—

(i) Number of Foster Parents on the register—				
(a) at the beginning of the year	...	...	...	14
(b) at the end of the year	...	...	...	12
(ii) Number of Children on register—				
(a) at the beginning of the year	...	...	...	14
(b) at the end of the year	...	...	...	12
(c) who died during the year	...	...	...	Nil
New Cases during the year	...	...	...	4
Total Cases for 1936	...	...	...	18
Removed from register during year—				
Returned to Parents	...	...	...	5
Over 9 years	...	...	...	1

Assisted Milk Supply.

Assisted milk is allowed to mothers and children who attend the Welfare Centres and are, in the opinion of the Assistant Medical Officer, in need of this nourishment. It is also allowed to children who are unable to attend schools, who are of school age, and who are certified by a medical practitioner as being in need of it. These cases are not numerous, and usually only receive milk for a short period.

The scales in use for recipients are determined by an income scale and are:—A full scale, which allows the mother one packet of dried milk per week or one pint of liquid milk per day; and a half scale, which allows half these amounts.

An expectant mother is eligible for milk after the 24th week. Children receive milk up to the age of 3 years; after this it is allowed at the discretion of the Assistant Medical Officer and only in special circumstances.

During the year 13,079 pounds of dried milk, costing £949 11s. 6d., and 19,940 gallons of liquid milk, costing £2,160 2s. 9d. (supplied by local farmers), was supplied free to children and expectant and nursing mothers. There were 163½ pounds of Virol, costing £16 7s. 0d., and 256 pounds of cod liver oil and malt, costing £7 9s. 4d., also supplied under this scheme.

No arrangements exist for the supply of meals to expectant and nursing mothers and children under school age.

Dental Treatment.

During the year a scheme for the dental treatment of expectant mothers was commenced. Arrangements were made with the Education Committee for the work to be undertaken by the Senior Dental Officer. One evening session per week is held at the Cannon Street Dental Clinic. It is to be regretted that a number of patients refused this very necessary treatment.

The following is the report of Mr. Alley, the Senior Dental Officer:—

“Report on the work of the Dental Service for Expectant Mothers.”

15th July, 1936, to 31st December, 1936.

It will be realised that the scope for the work has been very limited in so far that only those expectant mothers who come under the Assisted Milk Scheme have been recommended for the dental treatment by the Medical Officers of the department.

Also in the majority of cases, the women have been in a late stage of pregnancy which makes the work more difficult, and although there is more danger to the mother and fœtus in failing to provide dental treatment than there is in giving it, yet it will be obvious that more satisfactory results would be obtained if women attended earlier. It would be better still if every woman entered this condition with a healthy mouth, but under the present day schemes this is unfortunately impossible.

No doubt, it is already known that there is no provision for aided dental treatment for adolescents and this has its more far-reaching effects on the female sex. An unfit man is but a unit. The unfit woman is the potential producer of unfit children. The School Report deals with this matter more fully. The fact remains that if the women could be persuaded to come sooner to the ante-natal clinics, the better it would be for all concerned.

Health propaganda work dealing with the services offered by the Public Authorities is of great importance. It is important that more of

this should be done amongst the children of school leaving age, and also through the local press.

The report here divides itself into two sections:—

(1) **The work already done**—the figures are:—

	Quarter Ending		
	30th Sept.	31st Dec.	TOTAL
Number of expectant mothers inspected	15	13	28
„ „ „ „ Treated	15	13	28
„ „ attendances at the Clinic	27	27	54
„ „ Permanent Teeth Extracted	93	40	133
„ „ Permanent Teeth Filled	—	6	6
„ „ Scalings and Gum Treatments in Paradontal Disease	19	10	29
„ „ Other Operations	8	5	13
„ „ Sessions	11	12	23

It will be noticed that every case recommended by the doctors, required treatment after the inspection.

(2) **The Development of the Scheme.**

It is hoped that the dental scheme under the Maternity and Child Welfare Committee in Oldham will be developed.

Mothers have reported that their confinements have been shorter and easier after dental sepsis has been eradicated. Generally speaking, diseases of pregnancy, such as toxæmia, should be classified as deficiency diseases, as they are due to the inadequate supply of substances vital for the maintenance of the health of the mother and for the nutrition and growth of the fœtus. The fœtus draws upon the mother for its physiological requirements, and if the supply is inadequate, depletion of the maternal stores is a consequence, as shown by the symptoms in the mother, of sleeplessness, nervous disorders and muscular cramp. Toxæmia can generally be prevented by an adequate supply of carbohydrates, proteins, vitamins and mineral salts, but the assimilation of these substances by healthy digestive processes is absolutely essential. Toxæmia ranks high in the etiology of maternal deaths, as a predisposing cause of hæmorrhage, shock and post-natal disablement. Puerperal sepsis can be traced primarily in many cases to toxæmia. Toxæmia is a condition resulting from a person's own private infections, and these personal infections nearly always have their origins in oral sepsis. Healthy digestive processes are all dependent on the state of health in the mouth. Therefore, it is suggested that this scheme be now enlarged, because it is an urgent necessity. It is necessary that every woman on attending the ante-natal clinic for the first time should be examined by the Dental Officer as a matter of routine. That these cases should be advised by the Dental Officer on the condition of their dental health,

and either advised to attend their private practitioner for treatment, or in cases where the financial position is such that this cannot be done, the treatment will be done at the Authorities' Clinic, and a small charge made according to their means. This should apply to the cases at The Municipal Hospital, and also at Greenacres Maternity Hospital.

In many of the Maternity Hospitals of the country, only those women who have had all dental sepsis eradicated are allowed to enter the authorities' hospitals as booked cases, and the excellent results obtained are seen by comparisons between the ultimate results of the "booked" and "emergency" cases.

The expectant mothers who have received treatment have been most appreciative of the service, and in those cases where multiple extractions have been carried out, the offer of supplying dentures at a charge that can be met by them is doubly appreciated.

The Orthopædic Clinic.

The Orthopædic Clinic provides treatment for cases from the School Medical Department, the Maternity and Child Welfare Centres, the Tuberculosis Dispensary, and cases referred by private practitioners. The Orthopædic Surgeon (Mr. H. Poston) is on the staff of the Municipal Hospital, and operative treatment is provided here when necessary.

During the year arrangements were made for suitable cases to attend from the School for Physical Defectives, and for the Masseuse to attend the school weekly to give remedial treatment.

The artificial sunlight apparatus consists of one "British Hanovia Quartz Vapour Lamp" and two "Jesionch Mercury Vapour Lamps" for collective treatment. They have been fully employed throughout the year.

This clinic is doing work of real preventive and curative character, and the results reflect the greatest credit on the staff and donor—the late Mr. Richard Greenhalgh.

The following table shows the defects from which the cases examined by the Orthopædic Surgeon were suffering, and the results of treatment:—

	Dischg'd. Improved Cured	I.S.Q.	Still attending	Discon. attending	Total
Infantile Paralysis	13	3	4	1	21
Contusions	8	—	3	5	16
Internal Derangement of Knee	3	—	1	2	6
Dislocated Patella	1	—	—	—	1
Fractures	12	—	1	2	15
Torticollis	4	—	5	1	10
Osteomyelitis	7	—	2	2	11
Sarcoma Tibia	1	—	—	—	1
Spondylitis	1	1	—	—	2
Rheumatoid Arthritis	2	—	2	—	4
Osteo Arthritis... ..	3	—	2	3	8
Infective Arthritis	6	—	2	1	9
Paget's Disease	—	1	—	—	1
Pes Cavus	5	—	3	3	11
Pes Planus	20	—	10	11	41
Hammer Toe	2	—	5	1	8
Hallux Valgus	4	—	4	—	8
Spastic Paralysis	4	9	2	2	17
Neurasthenia	—	1	—	—	1
Ulnar Neuritis	1	1	—	—	2
Rickets	60	13	30	12	115
Scoliosis	1	4	3	—	8
Tb. Joints—					
Spine	16	—	2	1	19
Spine and Hip	2	—	—	—	2
Spine and Ankle	2	—	—	—	2
Hip	9	—	1	1	11
Hip and Knee	—	—	—	1	1
Knee	3	—	2	—	5
Sacro-iliac Joint	—	—	—	1	1
Elbow	2	—	1	—	3
Ankle	2	—	2	—	4
Wrist	2	—	1	2	5
Pubis	—	1	—	—	1
Abscess	5	1	—	2	8
Congenital Deformity	11	7	1	1	20
Retarded Growth	—	—	1	2	3
Birth Palsy	2	1	—	—	3
Traumatic	6	5	—	—	11
Kyphosis	1	1	—	—	2
Coxavara	1	—	—	—	1
Pseudocoxalgia	8	—	—	—	8
Brodies Abscess	1	—	—	—	1
Exostosis	2	2	—	—	4
Cyst Humerus	1	—	—	—	1
	234	51	90	57	432

These cases were referred as follows:—

School Medical Department	...	...	...	167
Infant Welfare Centre	...	...	...	112
Private Practitioners and Tuberculosis Dispensary	...	...	...	153

The following treatments were recommended by the Surgeon:—

				School	M. & C.W.	T.B.	Private	Total
Massage	...	...	...	3	3	—	21	27
Stretchings	...	...	...	4	7	—	2	13
Splints	...	...	...	40	80	17	10	147
Adaptions to boots	...	...	...	49	26	2	9	86
Plaster	...	...	...	5	—	22	20	47
Strappings	...	...	...	7	2	—	4	13
Postural & remedial ex's.	...	...	...	18	—	—	11	29
Hospital Treatment	...	...	...	31	4	13	47	95
X-ray	...	...	...	12	20	10	15	57
U.V.R.	...	...	...	4	35	1	3	43
Dressings	...	...	...	2	—	3	4	9
Electricity	...	...	...	—	—	—	11	11
Radiant Heat	...	...	...	4	—	—	24	28
				179	177	68	181	605

The following table shows the cases treated by Artificial Sunlight and the results obtained:—

						RESULTS	
	New Cases	Remaining from 1935	Total	Improved	I.S.Q.	Discontinued	Under treatment at end of 1936
Debility Anæmia	31	2	33	19	2	8	4
Bronchitis	10	4	14	10	2	1	1
Rickets	42	12	54	29	2	9	14
Dermatitis	4	—	4	1	2	1	—
Psoriasis	1	1	2	1	1	—	—
Adenitis	21	11	32	14	4	—	14
Arthritis	2	—	2	2	—	—	—
Lupus	1	4	5	—	2	—	3
T.B. Abdomen	2	1	3	1	2	—	—
T.B. Joints	2	—	2	1	—	1	—
Alopecia	2	—	2	1	—	1	—
	118	35	153	79	17	21	36

Nursing Homes Registration Act, 1927.

On receipt of application for registration, the premises are visited by either the Medical Officer of Health or his Deputy. This visit is the occasion of a survey of the available accommodation, and advice is given as to structural or other alterations required. The number of beds to be used for the reception of cases is also decided upon.

(a) **Maternity Homes.**

The Greenacres Maternity Home is the only one in the Borough. During the year no new homes were registered or applications for registration received.

(b) **Nursing Homes.**

There is one registered in the Borough—the Woodfield Nursing Home—which receives medical, surgical and maternity cases. During the year no new homes were registered or applications for registration received.

Circular 1574.

This circular was received by all Supervising Authorities during the year.

It draws attention to the difficulties the Local Supervising Authority has in ascertaining the existence of Nursing Homes which have not been registered under the Act.

The circular was considered by the Maternity and Child Welfare Committee, and steps were taken to meet the wishes of the Minister. A circular letter was issued to all general practitioners, pointing out the chief points of the circular and asking for their co-operation.

Maternal Mortality.

During the year there were 15 deaths attributed to or associated with childbirth. Of these cases 11 were true maternal deaths, giving a Maternal Mortality rate of 6.16 per thousand total live and stillbirths.

All maternal deaths are now investigated and the reports forwarded to the Ministry of Health. These reports are of a confidential nature, and therefore only a brief statement can be made upon them. The cause of death in each case was as follows:—

A.—DEATHS DUE TO SEPSIS: 3.

Case No. 1.—Age 28 years.

Cause of death:—I (a) Cardiac failure.
(b) Hyperpyrexia.
(c) Cellulitis buttocks and lumbar region.
II (a) Parturition (23 days).

Case No. 2.—Age 27 years.

Cause of death:—I (a) Pneumonia.
(b) Puerperal sepsis.

Case No. 3.—Age 38 years.

Cause of death:—I (a) Peritonitis.
(b) Puerperal sepsis.
(c) Premature labour.

B.—DEATHS DUE TO OTHER PUERPERAL CAUSES: 8.

Case No. 4.—Age 34 years.

Cause of death:—I (a) Acute lobar pneumonia.
(b) Toxæmia of pregnancy.

Case No. 5.—Age 26 years.

Cause of death:—I (a) Eclamptic fit.
(b) Albuminuria of pregnancy.
(c) Ante partum hæmorrhage.

Case No. 6.—Age 27 years.

Cause of death:—I (a) Hæmorrhage.
(b) Abortion.

Case No. 7.—Age 39 years.

Cause of death:—I (a) Hæmorrhage.
(b) Ruptured ectopic pregnancy.

Case No. 8.—Age 43 years.

Cause of death:—I (a) Cardiac failure.
(b) Labour and pregnancy.

Case No. 9.—Age 27 years.

Cause of death:—I (a) Pyæmia.
(b) Breast abscess.

Case No. 10.—Age 40 years.

Cause of death:—I (a) Hæmorrhage.
(b) Abortion.

Case No. 11.—Age 27 years.

Cause of death:—I (a) Shock.
(b) Placenta prævia.

C.—DEATHS ASSOCIATED WITH PREGNANCY: 4.

Case No. 12.—Age 25 years.

Cause of death:—I (a) Acute lobar pneumonia.
II (a) Abortion.

Case No. 13.—Age 27 years.

Cause of death:—I (a) Acute hyperthyroidism.
(b) Aortic regurgitation.
II (a) Pregnancy (4 months).

Case No. 14.—Age 35 years.

Cause of death:—I (a) Lobar pneumonia; probable infarct of lung.

Case No. 15.—Age 28 years.

Cause of death:—I (a) Pneumonia.

A study of the above cases shows at once that no single measure will solve the problem of Maternal Mortality. The solution lies in the provision of an efficient maternity service and the closest co-operation of all those persons in attendance on the mother during the ante-natal period, the confinement and the puerperium. It is necessary for the closest co-operation to exist between health authorities, the local medical practitioners and the midwives, but the intelligent co-operation of the patient herself is also most essential; and had this been so, certain of our deaths in the past year would not have occurred. In certain respects our maternity service is efficient, but in others it is sadly inefficient. It demands the services of a full time Medical Officer and a modern Ante-Natal Centre. The expectant mother should be urged to seek ante-natal supervision and should be made aware of what constitutes adequate care. This can only be achieved by education of the mother and the general public.

Midwives Act, 1936.

In accordance with the requirements of Section (2) of the Act, the Maternity and Child Welfare Committee consulted representatives of the following associations or societies:—

- (1) The Local Branch of the Midwives' Institute.
- (2) The Local Branch of the British Medical Association, and the Oldham Medical Vigilance Committee.
- (3) Oldham & District Nursing Association.

As a result of discussions with representatives of the local medical profession, a scheme for closer co-operation with the general practitioner was discussed. Details of this scheme will be given in the Annual Report for 1937.

General Outline.

The County Borough of Oldham having an estimated population of 133,300 persons and during 1936 an estimated number of 948 domiciliary confinements, it is estimated that the area will be adequately served by twelve full-time midwives.

Each midwife will be expected to attend 80 or 90 cases per year, and on no occasion will she be allowed to book more than two cases per week.

The midwives will work in groups, thus allowing a certain amount of freedom of choice of midwife by the mother. This system will also make possible adequate arrangements for off-duty time, relief for holidays, sickness and attendance at post-graduate courses.

As it is difficult to estimate the amount of work that will be available for the municipal midwives, owing to the possibility of most of the private midwives remaining in practice, six full-time midwives will be appointed to commence duty on July 1st, 1937. This number will be increased as and when the necessity arises.

Arrangements with the Local Voluntary Associations.

The Oldham & District Nursing Association informed the Maternity and Child Welfare Committee that they did not propose to take part in the scheme for the provision of municipal midwives. They expressed their willingness to assist the Committee in any emergency or during any temporary shortage of staff. The Committee undertook to accept their offer of assistance should the necessity arise.

Midwives' Salaries and Conditions of Appointment.

The Council is a member of the Lancashire and Cheshire Provincial Whitley Council, and hence governed by their scale of salaries.

State Certified Midwives who are not State Registered Nurses will be placed in Grade "A" (Professional, Technical and Administrative), but their previous experience and ability will be taken into consideration, and yearly increments will be added to the commencing salary if merited.

State Registered Midwives who are also State Registered Nurses will be placed in Grade "B" (Professional, etc.).

Uniform will be provided free; an allowance of £10 for laundry and reasonable out-of-pocket expenses will be allowed. The required equipment and sterilisation of dressings will also be provided.

Post-graduate instruction will be provided free of all expense and the necessary relief provided.

Fees.

The fees for the services of a municipal midwife will be 2 guineas per case, whether the midwife attends as "Midwife" or "Maternity Nurse."

Section IV.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.

The Water Engineer (Mr. C. J. Batley) has kindly supplied the following particulars:—

No new source of further water supply has been placed in operation during the year.

Replacement of mains has been carried out where necessary to improve the supply or where the mains have been old and defective. Extensions of mains to provide for newly-built property was the only new work undertaken by way of distribution.

The water supply during the year, both as regards quality and quantity, has been satisfactory.

The whole of the district has a piped supply, which is controlled by chemical and bacteriological examinations. During the year 66 samples were submitted for examination, and all were entirely satisfactory. In no case has the sample indicated the presence of B.Coli. in under 100 cc.

The total storage capacity of all reservoirs is 2,527 million gallons, and there is available for domestic supply 1,829,106,000 gallons. The area of gathering ground of the works is 7,353½ acres.

The estimated population supplied during 1936 was 218,076, and the average amount of water used per head per day was 28·84 gallons.

On the 31st December, 1936, the supply in store was 2,439,002,000 gallons, or about 34 weeks' supply.

The following figures show the average daily consumption of water in the supply area for the previous years:—

1932	...	...	...	6,332,197
1933	...	...	...	6,706,541
1934	...	...	...	5,426,907
1935	...	...	...	5,943,064
1936	...	...	...	6,290,371

The daily quantity of compensation water during 1936 was 3,079,288 gallons.

Drainage and Sewerage.

The Sewage Works are under the entire control of the Manager, Mr. J. Taylor, who reports direct to the Health Committee. He has supplied the following report:—

SEWAGE WORKS ANNUAL REPORT.

The system of treatment of the Oldham Sewage is the same as in previous years, and consists of the following stages:—

1. Two Detritus Chambers with coarse and fine screens, each fitted with revolving rakes and chains and the detritus deposited is removed by an electrically driven travelling bucket dredger.
2. Twelve sedimentation Tanks with a total capacity of 2,270,000 gallons.
3. Bacterial Contact Beds followed by Settling Tanks.
4. Sixteen circular Biological Filters, two being at the high level, and fourteen at the low level.
5. Four Humus Tanks having a total capacity of 273,500 gallons.

The final effluent is then discharged into the Wince Brook.

Flows reaching the works in excess of three times the dry weather flow are separated over a weir immediately below the detritus chambers and are given separate treatment over four Storm-water Tanks before passing to the Wince Brook.

The sludge deposited by tank treatment is removed by manual labour into subways leading to ejectors, the sludge being forced by air pressure into storage tanks or into open lagoons. If required, a small amount of sludge can be pressed into cake in the Pressing Plant.

During the year the Contract has been placed for the scheme approved by the Ministry of Health and designed by your Consulting Engineers, Messrs. J. D. & D. M. Watson, M.M.I.C.E., of Westminster. The Contractor commenced work on the eighth of August.

Partial treatment will be given to the Sewage by the activated sludge process using compressed air to be followed by final purification on biological filters. The sludge from the settling tanks will be submitted to heated digestion before passing on to the sludge drying beds. Methane gas produced from the digestion process will be used for heating the water boilers, the hot water in turn being used to heat the sludge in the sludge digestion tanks.

Consequent on the building of houses on the works frontage in Foxdenton Lane, the whole length of the north-east boundary has been fenced with an unclimbable iron fence five feet six inches high.

The heavy gales experienced in the month of January did considerable damage to the Plant and Buildings, notably to the Grease Plant Annex, where almost a new roof was required.

In the purification plant, the difficulties experienced in previous years have continued. The amount of sewage received at the works has shown an upward trend, due mostly to the heavy rainfalls, this has placed a burden on the filters with which they were unable to cope.

In the final effluents discharged from the filters the suspended matter has again been excessive, and the purification was further aggravated when a large area of filters was disused for reconstructions; on days when very strong sewages were being received, precipitants were added for clarification and to relieve the filters, their use proved beneficial.

Dewatering and drying sludge in the open lagoons has not been a success because except for a few weeks, rain has ruined any chance of getting all the sludge in a spadeable condition; the partially dried sludge from the storage grounds has been readily taken from the works, and the demand for this product does not at present show any signs of diminishing.

Two more percolating filters have been emptied, the clinkers washed and replaced. Eight filters have now been emptied, and a total of 20,000 cubic yards of media removed and washed in the washing plant. The work has not by any means been straightforward, and difficulties have been encountered throughout. Six filters have required new concrete floors, and most of them had to have some portion of the wall reconstructed; in addition, the foundations were sunken and cracked. This work and new run-off channels had to be completed before the filters could be refilled with clinker. The clinker washing plant was repaired in the early part of the year, and has worked satisfactorily since. Since the commencement of the new scheme, clinkers have been washed from time to time for the contractor.

Sewage Flow.

The total amount of sewage treated during the year was 2,500,275,000 gallons, which is equal to a daily average flow of 6,831,352 gallons.

Sludge Disposal.

The total amount of sludge deposited in the tanks was 20,875 tons, equal to 8.0 tons per million gallons. The total amount of sludge cake removed from the works was 4,000 tons approximately.

The following analyses of sewages and effluents have been carried out by the Chemist, Mr. F. C. Holt, A.M.C.T., A.M.Inst.S.P.:—

Average results expressed in parts per 100,000.

	Sewage	Tank Effluent	Final Effluent
Oxygen absorbed in 4 hours' test ...	5.04	4.15	1.29
Free Ammonia	2.83	2.90	0.78
Albuminoid Ammonia	0.49	0.44	0.19
Chlorine	9.70	9.70	9.20
Nitrites and Nitrates	—	—	0.64
Suspended Matter—Mineral	5.5	2.9	1.8
„ „ Volatile	13.1	5.7	3.6
„ „ Total	18.6	8.6	5.4

Percentage of Purification—

	By 4 hours' Oxygen Absorption Test	By Albuminoid Ammonia Test
Sewage to Final Effluent	74.4	61.2
Tank Effluent to Final	68.9	56.8

Average Bio-Chemical Oxygen Demand of Final Effluent = 2.02.

230 samples of final effluent were incubated.

229 remained good, 1 was unsatisfactory.

Analyses of sewages and effluents during periods of using Aluminoferric.

OXYGEN ABSORBED IN 4 HOURS' TEST.

Results in parts per 100,000.

Sewage	Tank Effluent	Final Effluent
16.02	8.22	1.32
13.02	8.60	2.40
8.66	5.36	1.18
7.78	7.18	1.78
6.66	5.78	1.80
16.66	8.02	2.21
15.72	12.66	2.04
14.88	9.92	1.82
16.26	9.74	1.44
11.46	4.90	1.70
19.08	8.98	2.83
15.76	7.22	1.98
10.74	6.86	2.40
8.24	5.02	1.38
13.70	11.60	2.30
8.60	6.96	1.62
12.32	7.76	1.92
13.82	7.64	1.42

Average ...	12.74	7.91	1.86
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Percentage of Purification Sewage to Final	...	85.4
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Percentage of Tank Effluent to Final	...	76.5
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J. TAYLOR, Assoc.M.C.T., A.M.Inst.S.P.,
Manager.

Rivers and Streams.

There is no river in the town and the water is carried away in small streams, one of which is now a main sewer and carries the water to the sewage works.

Closet Accommodation.

The total number and type of closets in the Borough at the end of 1936 and the previous four years were as follows:—

		1932	1933	1934	1935	1936
Fresh Water Closets	...	11,347	12,031	12,875	13,542	13,871
Waste Water Closets	...	24,582	24,577	24,555	24,541	24,523
Latrines	... ..	2,906	2,889	2,846	2,823	2,751
Pail Closets	... ..	1,429	1,420	1,333	1,295	1,218

The above figures for 1936 represent 40,573 houses, 589 mills and workshops, and 255 churches and schools.

It will be seen from these figures that there are still 1,218 closets not on the water carriage system. A certain number of these will be demolished as a result of slum clearance. A large number of cases cannot be dealt with owing to the lack of or inaccessibility of the sewer. With regard to the remainder, every effort should be made to provide modern sanitary conveniences and to abolish these "filth pots."

The number of waste water closets and latrines show very little reduction in number when compared with previous years. The waste water closet is another objectionable sanitary convenience which should be abolished. It is impossible for these to be kept in a cleanly condition, and they are really dangerous for small children. To convert the 24,000 that exist in the Borough would be a task of enormous magnitude, but more progress should and must be made.

Public Cleansing.

The Director of Public Cleansing (Mr. J. L. Haslop) has kindly supplied the following particulars:—

There are no ashpits in the Borough. Almost all the house refuse from the 38,854 ash cans is now collected by motor vehicles.

During the year the Robin Hill Destructor was closed and the premises transferred to the Baths Committee. The house refuse originally sent to this destructor is now dealt with by tipping under the controlled system. This system is now used for 50 per cent. of the total house refuse collected.

There is now only one Refuse Disposal Works, and this is situated at Rhodes Bank. The Carrying and Cleansing Committee intend to proceed with the erection of a new Refuse Disposal Works at Rhodes Bank during the coming year. This will replace the existing works.

The conversion of the sanitary pail closet to the fresh water system goes on very slowly. The Surveyor's Department are finding many engineering difficulties in the way of rapid conversion.

The following figures indicate the amount of work done during the year:—

House and Trade Refuse Collection.

Number of Ashbins emptied	2,031,481
„ Sanitary Pails emptied	64,875
„ Collections of Butchers' Offal	2,220
„ Collections of Fish Offal	20,250
„ Loads of Excreta collected	981
„ Loads of Butchers' Offal collected	514
„ Loads of Fish Offal collected	1,032
„ Tons of Ashes taken to Destructors	16,725
„ Tons of Ashes taken to Corporation Tips	10,586
„ Tons of Shoddy Dirt received	13
„ Tons of Peat Moss Manure received	63
„ Tons of Clinker removed from Destructors	3,690
„ Tons of Baled Tins sold	330
„ Tons of Mortar sold	862
„ Tons of Shoddy Manure sent out by rail	446
„ Square Yards of Flags sold	6,365

Waste Water Closets and Latrines.

Blockages cleared (W.W.C.'s)	5,324
Blockages cleared (Latrines)	72
Drains cleared	213
Drains found blocked, requiring excavating	335
Tippers found not working and re-adjusted	236
Tippers, fittings, etc., found broken	988
New Tippers, fittings, etc., fixed	1,108
Visits paid flushing Latrines, etc.	9,418

GENERAL SANITARY INSPECTION.

This work is carried out by eight Assistant Sanitary Inspectors, under the direction and control of the Chief Inspector. One assistant is employed solely on meat and other foods inspection, and one on duties under the slum clearance programme. There are six District Inspectors, who are each responsible for one of the districts into which the town is divided. At the end of the year an additional inspector was appointed as Inspector under the Shops Act, but did not commence his duties till February, 1937.

The following report is submitted by Mr. George Winterbottom, the Chief Sanitary Inspector:—

25th March, 1937.

To the Medical Officer of Health.

Sir,

I have pleasure in presenting to you my report of the work of your staff of Inspectors for the past year.

Contagious Diseases of Animals. We have had no outbreak of contagious disease during the year.

Food Inspection. The visits paid to premises where food is prepared or deposited for sale numbered 13,667. As a result of these visits 51 tons of diseased or unsound food was destroyed, all of which was surrendered by the vendors. During the year 793 cases of tuberculosis in cattle and 291 in swine were dealt with.

Slaughterhouses. We began the year with 34 slaughterhouses on the register. None were added or lapsed during the year.

Dairies and Cowsheds. Two hundred and sixty-nine visits were paid during the year. Over 400 cows found on the premises at the time of the inspection were examined, but none showing signs of tuberculosis were found.

Bacteriological Examination of Milk. During the year 75 samples of milk have been examined for tuberculosis, as follows:—Forty-one samples from 447 cows on 30 farms within the Borough, 34 samples from 709 cows on 34 farms outside the Borough; five samples being found affected with tuberculosis, viz., two from Oldham farms and three from out-district farms.

Samples of Food and Drugs. During the year 146 samples were obtained under the Food and Drugs Act and 69 samples were obtained informally, making a total of 215 samples, all of which were submitted to the Borough Analyst.

Smoke Inspection. During the year 692 observations were made. In three cases the limit was exceeded. These were dealt with as follows:—A legal notice was served on one offender, one was fined, and one case was dismissed by the magistrates.

Inspection of Nuisances. During the year 2,980 notices were served for the abatement of nuisances; of these, 2,871 were remedied during the year. In connection with these nuisances, 8,402 re-visits were paid during the year.

Closet Accommodation. During the year 65 additional closets were provided for houses and 25 for workshops. Since we began this work, 3,213 additional closets have been provided.

House Inspection. During the year 1,400 houses were inspected under the Housing Act and Public Health Act. A notice to cleanse was served on seven occupiers, five of which were complied with before the end of the year. The number of houses found defective amounted to 805. Seven hundred and forty-six houses were repaired during the year.

Houses Let-in-Lodgings. During the year 3625 visits were paid, resulting in the serving of four notices to cleanse, 53 notices to repair, four notices for overcrowding, two notices for the separation of sexes, two notices for failing to register; a total of 65 notices, all of which were complied with during the year. During the year seven houses containing 45 rooms have been added to the register, and 26 houses containing 118 rooms have been lapsed. At the end of the year we had 115 houses containing 769 rooms on the register.

Infectious Disease. The number of visits paid amounted to 1,267, an increase of 228 when compared with the previous year. In addition, 27 visits were paid to cases of consumption, for the purpose of arranging for disinfection.

In conclusion, I desire to express my thanks for the great assistance I have received from all the members of the staff, and to yourself for your confidence and support.

I beg to remain,

Yours respectfully,

(Signed) GEORGE WINTERBOTTOM,

Chief Sanitary Inspector.

SUMMARY OF WORK DONE BY SANITARY INSPECTORS.

Number of Complaints received and visited	...	...	...	8,109
Re-inspection of Nuisances under notice	...	...	...	8,402
Number of Houses visited on complaint	...	...	...	3,511
Letters to Owners, Agents, etc.	...	...	...	348
Number of Informal Notices served	...	...	...	2,980
Number of Informal Notices complied with	...	...	...	1,778
Number of Cases reported to Health Committee	...	...	...	1,174
Number of Statutory Notices served	...	...	...	1,093
Number of Cases dealt with by Magistrates	...	...	...	5

NOTICES TO OWNERS—

Accumulations	...	...	...	...	...	176
Choked and Defective Drains	...	...	...	...	...	733
Defective Roofs	...	...	...	...	...	554
Defective Water Pipes	...	...	...	...	...	42
Defective Water Closets	...	...	...	...	...	25
Defective Waste Water Closets	...	...	...	...	...	967
Defective Yard Surfaces	...	...	...	...	...	43
Defective Ash Bins	...	...	...	...	...	847
Miscellaneous	...	...	...	...	...	245

NOTICES SERVED ON OCCUPIERS OF HOUSES—

Dirty Conditions	...	...	...	...	...	...	...	11
Miscellaneous	...	...	...	...	...	...	...	7

MISCELLANEOUS VISITS—

Number of Visits to Houses (Housing Acts & Public Health Acts)								1,400
„ „ Cases of Infectious Disease	...	...						1,267
„ „ Cases of Tuberculosis	...	...	...					27
„ „ Privies	...	...	...	...	...			5,044
„ „ Bakehouses	...	...	...	...	...			566
„ „ Pigsties	...	...	...	...	...			42
„ „ Tents, Vans and Sheds	...	...	...					627
„ „ Houses Let-in-Lodgings	...	...	...					3,625
„ „ Offensive Trades	...	...	...	...	...			216
„ „ Mill Lodges	...	...	...	...	...			354
„ „ Milk Shops	...	...	...	...	...			516
„ „ Factories and Workshops	...	...						198
„ „ Shops (Shops Act, 1934)	...	...	...					1,184
Number of Smoke or other Tests	...	...	...	...	...			900
Number of Smoke Observations	...	...	...	...	...			54

FOOD INSPECTION—

Number of Visits paid to Slaughterhouses	...	...	...					5,815
Ice Cream Vendors	...	...	...	...	...	...		20
Butchers' Shops	...	...	...	...	...	...		3,712
Fish Shops	...	...	...	...	...	...		799
Fruit and Vegetable Shops	...	...	...	...	...	...		1,555
Other Shops	...	...	...	...	...	...		331
Markets	...	...	...	...	...	...		185
Cattle Wharves	...	...	...	...	...	...		291
Corporation Destructors	...	...	...	...	...	...		76
Dairies	...	...	...	...	...	...		73
Cowsheds	...	...	...	...	...	...		196

Common Lodging Houses.

These premises are under the control of the Police and regularly inspected by members of the force.

There is very little demand in the town for this type of accommodation, and the owners complain of the very poor business they do.

Some of the houses, though old and dilapidated, are kept very clean.

At the end of the year there were nine premises, providing accommodation for 757 persons, registered as Common Lodging Houses; of these, five receive men only, one women only, and three men and women.

Offensive Trades.

The following offensive trades are carried on in the Borough:—

		1935	1936
Tripe Boilers	... ..	7	7
Marine Stores	... ..	10	10
Gut Scraper	... ..	3	3
Grease Works	... ..	1	1
Glue Maker	... ..	1	1
Hide and Skin Depot	... ..	2	2
		—	—
		24	24
		—	—

Regular inspections were made of all premises on which offensive trades are established. In most instances reasonable precautions were being taken to prevent a nuisance, and in no case was it found necessary to institute legal proceedings.

The visits paid to these premises numbered 216; one notice was served in respect of a defect.

Factories, Workshops and Workplaces.

The following tables are inserted in compliance with Section 132 of the Factory and Workshop Act, 1901:—

1. INSPECTION.

Including inspections made by Sanitary Inspectors.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers Prosecuted (4)
Factories (Including Factory Laundries) ...	6	21	...
Workshops (Including Workshop Laundries) ...	132	3	...
Workplaces (Other than Outworkers' Premises)	60	4	...
Total	198	28	...

2. DEFECTS FOUND.

Particulars (1)	Number of Defects			Number of offences in respect of which Prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Nuisances under the Public Health Acts:—*				
Want of cleanliness ...	...	...	...	...
Want of ventilation ...	...	...	...	...
Overcrowding ...	...	...	...	...
Want of drainage of floors ...	...	...	...	...
Other nuisances ...	2	2	...	...
Sanitary accommodation—				
Insufficient ...	25	25	...	...
Unsuitable ...	...	...	...	...
Defective ...	1	1	...	...
Not separate for sexes	...	...	...	...
Offences under the Factory and Workshop Acts:—				
Illegal occupation of underground bake-houses (s.101) ...	...	...	...	...
Other offences (Excluding offences relating to outwork and offences under Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)	...	...	...	...
Total ...	28	28	...	...

*Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3. OUTWORKERS.

No lists were received from employers concerning outworkers.

4. REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year	Number
Blacksmiths	8
Blind Manufacturers	—
Bottlers (Beer)	2
Brass Founders	1
Brush Makers	—
Cabinet Makers	3
Carriage Builders	1
Cartsheet Manufacturers	2
Clog, Boot and Shoe Makers and Repairers	84
Coffin Makers	1
Cotton Waste Dealers	8
Curriers	1
Cycle Makers and Motor Engineers ...	11
Dentists	1
Dress Makers	14
Dyers	—
Electricians	3
Electro-Platers	—
French Polishers	1
Heating Apparatus Manufacturers	1
Hosiery and Stocking Knitters	1
Ice Cream Manufacturers	5
Iron Founders	3
Joiners	7
Laundries	9
Machine Brokers	3
Mantle Makers	5
Marine Stores	4
Milliners	19
Mineral Water Manufacturers	1
Pattern Makers	2
Picture Framers	1
Plumbers	9
Printers	1
Roller Coverers	1
Rope Makers	—
Saddlers	3
Saw Cutters	2
Scale Makers	3
Skip Makers	4
Tailors	19
Tile Fitters	2
Tinsmiths	13
Umbrella Manufacturers	—
Upholsterers	1
Watch Repairers	2
Wire Workers	1
Wheelwrights	4
Wringing Machine Manufacturers	1
Sundry Trades	13
Total Number of Workshops on Register	281

5. OTHER MATTERS.

Class	Number
Matters notified to H.M. Inspector of Factories—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133), 1901	Nil
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5), 1901	Notified by H.M. Inspector. Reports (of action taken) sent to H.M. Inspector 3
Other	3
Underground Bakehouses (S. 101)—	
Certificates granted during the year	Nil
In use at the end of the year	11

Bakehouses.

During the year four new premises were registered as Bakehouses and 23 were discontinued, making a total of 301 on the register at the end of the year, as compared with 320 for 1935.

The following is a summary of the work done:—

Number on Register, 1st January, 1936 ...	320
Number on Register, 31st December, 1936	301
Number of Inspections made	566
Number of Notices served	6
Number of Notices complied with ...	6

The following defects were found:—

Defective Roof	1
Defective Drains	3
Other Defects	2

Shops Act, 1934.

The following is an extract of a Special Report which was submitted to the Health Committee on the administration of the Shops Act:—

“The Shops Act, 1934, which came into operation on the 30th day of December, 1934, contains provisions which are intended to regulate the hours of employment of *young persons* between the age of 14 and 18 years, and to secure improved arrangements for the health and comfort of shop workers, adults and young persons alike.

"The normal maximum working hours for *young persons* are 52 hours per week at the present time, but these hours will be reduced to 48 hours per week after the 27th December, 1936. In addition, a limited amount of overtime may be worked by *young persons* between 16 and 18 years of age.

"Records must be kept in all cases of the hours of employment of *young persons*, and of any overtime worked beyond the normal maximum working hours.

"The provisions of Section 10, which deals with (1) Ventilation, (2) Temperature, (3) Sanitary Conveniences, (4) Lighting, (5) Washing Facilities, and (6) Facilities for the taking of Meals, etc., are being administered in accordance with the Act, having regard to the nature of the trade or business carried on and the number and the sex of the assistants employed.

"Contraventions of this Section are dealt with, in the first case, by a notice served upon the owner or occupier of the shop, requesting compliance with its provisions. In most cases, the necessary work is carried out expeditiously, and it has not been found necessary, so far, to report to the Committee regarding the enforcement of welfare arrangements.

"Exemption from providing sanitary conveniences or washing facilities in certain shops, in accordance with the provisions of the Act, has been granted by the Health Committee in certain cases, where by reasons of restricted space or other special circumstances it is unreasonable to require such provision in the shop itself. The number of applications for exemption dealt with up to 30th June was four."

"Present Method of Administration.

"This work is done by the District Sanitary Inspectors in the course of their routine duties. No work has been undertaken outside the normal office hours (8-30 a.m. to 12 p.m. and 1-30 p.m. to 5 p.m.).

"No register is kept of shops and places covered by the Shops Act, 1934, nor any particulars as to the number of staff, males and females, under and over 18 years."

After consideration of this report, it was decided to appoint an additional Sanitary Inspector, whose duties should be confined to administration of the Shops Act.

During the year 1,184 visits were paid under the Act and 28 notices served; three of these were for additional closet accommodation.

Smoke Abatement.

During the year 692 smoke observations of 30 minutes duration were taken. The extent of the emission of black smoke was as follows:—

No black smoke	276
Under 1 minute	127
1 and under 2 minutes	202
2 and under 3 minutes	82
3 and under 4 minutes	3
Over 4 minutes	2

Three firms exceeded the limit. In one case it was the first offence and a legal notice was served. The other two offenders were brought before the Magistrate and one was fined £1 with costs and the other dismissed.

There are 20 mills in the Borough which have in use some form of smoke appliance. In addition to these, four mills are electrified and ten partially electrified. In 65 mills and in 45 workshops with chimneys there are no appliances fixed.

The following table shows the number and type of smoke appliances in use in the Borough at the end of the year:—

Name of Appliances	No. of Mills	No. of Boilers
Auto-Coking Machines	4	13
Broadbent's Louvre Air Regulators ...	3	17
Caddy's Tubular Bars	4	14
Butterworth's Sectional Bars	1	4
Hollow or Split Bridge Walls	1	1
Hamer's Patent Expansion Joints	2	8
Sanger & Webster's Patent Air Regulators	1	5
Johnson's Smoke Consumer	—	—
Courts Turners Engineering Co.'s Doors...	—	—
Babcock & Wilcox Patent	1	13
Mellor's Patent	2	3
Evans' Patent	—	—
Waddington's Premier Stoker	1	1
Totals	20	79

Swimming Baths and Pools.

The General Superintendent of Baths (Mr. T. Beattie) has kindly supplied the following particulars:—

The Central, Waterhead and Robin Hill Baths are fitted with Royle's system Filtration Plant; the Glodwick and Hollinwood Baths with the Pulsometer, and the Hathershaw with Horsley Bridge & Piggot.

With the exception of the Central and Waterhead Baths which are chemically treated whenever required, each one contains one complete Chlorination Plant working continuously.

There are no Open Air Baths in the Borough and no privately owned swimming baths or pools.

Eradication of Bed Bugs.

The undermentioned table shows the number of houses which have been found to be infested and the number disinfested.

	Council Houses.	Other Houses.
Number found to be infested	278	499
Number disinfested with H.C.N.	184	—
Number disinfested by spraying with a liquid insecticide	28	210

Blocks of houses found to be verminous and belonging to the Corporation are subject to Hydrogen Cyanide Gas. An arrangement exists whereby the tenants of such houses are bathed at the Health Yard, and housed for a night at a Corporation establishment until the houses are declared free from gas.

Infested houses, other than Corporation property, are subjected to spraying with a liquid insecticide, at the tenant's or owner's request.

Tenants of privately owned houses certified verminous and taking up the tenancy of a Council House, are bathed at the Health Yard, their personal clothing and bedding steam-disinfected, and their furniture and other belongings removed in a special van. The furniture in the van is disinfested by Hydrogen Cyanide Gas before being placed in the Corporation house.

The work of disinfestation by Hydrogen Cyanide Gas is undertaken by a contractor.

Disinfestation by spraying and the bathings and steam disinfection of bedding is under the control of the Public Health Department.

Section V.

HOUSING

General.

At the end of 1936 there were 40,573 dwelling houses in the Borough. These figures include 2,205 back-to-back and single type houses, three cellar dwellings and 79 vans or sheds used for human habitation.

Slum Clearance.

The programme of slum clearance includes 889 houses to be dealt with as clearance areas or as individual houses.

At the end of 1936, Clearance, Demolition and Closing Orders had been made in respect of 569 houses. These necessitate the displacement of 2,107 persons, of whom 1,582 had been rehoused at the end of 1936. There were at the end of the year 525 persons, representing 146 families, waiting to be rehoused.

It is anticipated that the number of unfit houses which formed the original five year programme will be considerably exceeded, as more detailed inspection has revealed additional insanitary areas and individual houses which can only be dealt with by demolition.

One Ministry of Health enquiry was held by W. J. Brown, Esq., F.R.I.B.A.

Other Demolitions.

Twelve houses were demolished or closed voluntarily in the course of general improvement schemes during the year. The following were the type of houses affected:—

Through	...	...	8
Back-to-back	...	...	4

The following tables give details of the areas represented in 1935 and the progress made in rehousing and demolition of the properties.

Slum Clearance, 1935-36.—Table I.

Date of Representation	AREA	Acreage	Type of Premises to be demolished in the Area.						No. of Families in the Area	Date of Ministry of Health Inquiry	Date of Confirmation of Order	Property Excluded as Result of Inquiry	Houses Vacated	*Persons Re-housed by Corporation up to Dec. 31st, 1936	Houses Demolished
			Back-to-Back Houses	Single Houses	Single Room Dwellings	Through Houses	Combined Houses & Shops	Other Premises	Total Premises						
21/2/35	Ashton Road No. 1	...	4	—	—	1	—	5	21	23/7/35	13/11/35	—	5	21	5
"	Ashton Road No. 2	...	2	—	—	—	—	5	5	"	"	—	2	5	2
"	Bargap	...	—	5	—	—	—	5	12	"	"	—	5	9	5
"	Baron Street	...	—	—	—	2	—	2	14	"	23/10/35	—	1	6	—
"	Cannon Street	...	7	1	—	1	—	9	23	"	13/11/35	—	9	7	9
"	Cartwright Street	...	—	4	—	—	—	5	16	"	"	—	5	16	5
"	Cemetery Street	...	—	—	—	4	—	4	18	"	"	—	4	16	4
"	Cheetham Street	...	7	—	—	3	—	12	28	"	"	—	10	26	6
"	Emma Street	...	—	3	—	—	—	3	12	"	"	—	3	12	—
"	Fielding Street No. 1	...	4	—	—	—	—	4	11	"	"	—	3	10	—
"	Fielding Street No. 2	...	7	1	—	—	—	8	33	"	"	—	5	16	—
"	Garside Fold	...	—	4	—	—	—	4	18	"	"	—	4	12	4
"	Hollins Road No. 2	...	1	—	—	3	—	4	11	"	"	—	4	6	—
"	Ironmonger Street	...	14	1	—	6	—	21	64	"	"	—	20	47	—
"	Lee Street No. 1	...	2	3	—	—	—	5	13	"	"	—	5	13	5
"	Lee Street No. 2	...	6	—	—	2	—	8	29	"	"	—	8	24	—
"	Lees Road No. 1	...	—	5	—	3	—	8	18	"	"	—	8	18	—
"	Littlemoor Lane	...	3	—	—	—	—	3	15	"	"	—	—	—	—
"	Longley Street	...	—	—	—	2	—	2	7	"	"	—	1	3	—
"	Lyon Dam No. 1	...	—	5	—	—	—	5	23	"	"	—	5	23	—
"	Lyon Dam No. 2	...	—	—	—	2	—	2	12	"	2 Through Houses	—	—	—	—
"	Mount Pleasant St. No. 1	...	15	1	—	2	—	18	66	"	13/11/35	—	17	50	7
"	Mount Pleasant St. No. 2	...	3	—	—	—	—	3	16	"	"	—	—	—	—
"	Roundthorn Rd. No. 2	...	—	—	—	3	—	3	13	"	23/10/35	—	3	10	3
"	Scott Street No. 1	...	3	—	—	—	—	3	11	"	"	—	3	11	3
"	Terrace Street	...	—	2	—	—	—	2	5	"	"	—	2	5	2
"	West Street No. 1	...	2	—	—	2	—	4	8	"	13/11/35	2 Back-to-Back Houses	2	3	2
"	West Street No. 2	...	—	—	—	4	—	5	24	"	"	—	2	10	—
	28		80	35	—	41	1	2	159	—	—	—	136	379	62

*61 persons (representing 23 families) were re-housed under their own arrangements, and did not accept the accommodation available.

Slum Clearance, 1935-36.—Table II.

Date of Representation	AREA	Acreage	Type of Premises to be Demolished in the Area								No. of Families in the Area	Date of Ministry of Health Inquiry	Date of Confirmation of Order	Property Excluded as Result of Inquiry	Houses Vacated	*Persons Re-housed by Corporation up to Dec. 31st, 1936	Houses Demolished
			Back-to-Back Houses	Single Houses	Single Room Dwellings	Through Houses	Combined Houses & Shops	Other Premises	Total Premises	Population of Area							
28/11/35	Brookside ...	...	11	—	—	—	—	—	11	34	11	16/6/36	11/9/36	—	—	—	—
"	Cash Gate ...	...	—	3	—	1	—	—	4	12	4	"	"	—	—	—	—
"	Dan Fold ...	...	—	2	—	—	—	—	2	4	2	"	"	—	—	3	—
"	Darby View ...	...	—	—	—	2	—	—	2	7	2	"	"	—	1	8	—
"	Factory Fold ...	...	2	4	—	11	1	1	19	76	18	"	"	1 Single House, 1 Back-to-Back House, 1 Other Premises	3	—	—
"	Grosvenor Street ...	...	5	1	—	—	—	—	6	20	6	"	"	—	—	—	—
"	Horsedown Street ...	...	4	1	—	—	—	—	5	21	6	"	"	—	1	—	—
"	Lime View ...	...	—	2	—	8	—	—	10	40	10	"	"	—	2	—	—
"	Littleton ...	...	—	7	—	2	—	—	9	34	8	"	"	—	3	7	—
"	Manchester Road No. 1 ...	...	4	2	—	1	—	—	7	23	7	"	"	—	—	—	—
"	Palmer Street ...	...	10	8	—	—	—	—	18	47	20	"	"	4 Single and 2 Back-to-Back Houses	1	3	—
"	Priory Square ...	...	15	7	—	—	—	—	22	87	22	"	"	—	—	—	—
"	Renshaw Street ...	...	—	13	—	3	—	—	16	55	16	"	"	—	2	8	—
12/12/35	Shaw Road No. 1 ...	...	—	2	—	—	—	—	2	7	2	"	"	—	—	—	—
28/11/35	West Street No. 3 ...	...	—	—	—	7	—	—	7	38	11	"	"	—	—	—	—
	15		51	52	—	35	1	1	140	505	145	—	—	—	13	29	—

*37 persons (representing 9 families) were re-housed under their own arrangements, and did not accept the accommodation available.

The following Table summarises the progress of Slum Clearance up to the 31st December, 1936:—
CLEARANCE AREAS.

Year	Represented			Confirmed		Houses Vacated			Persons Displaced			Houses Demolished		
	Areas		Persons	Areas	Houses	Persons	1934	1935	1936	Total	1934	1935	1936	Total
	25	237	972	22	215	886	33	90	92	215	187	342	357	886
1933-34 ...	25	237	972	22	215	886	33	90	92	215	187	342	357	886
1934-35 ...	28	159	546	27	155	531	...	1	136	137	...	...	433	440
No. 1 ...	28	159	546	27	155	531	...	1	136	137	...	...	433	440
1934-35 ...	15	140	505	15	131	494	...	...	13	13	...	...	66	66
No. 2 ...	15	140	505	15	131	494	...	...	13	13	...	...	66	66
Totals	68	536	2023	64	501	1911	33	91	241	365	187	349	856	1392

INDIVIDUAL UNFIT HOUSES (DEMOLITION ORDER).

Year	Represented		Demolition Order		Houses Vacated			Persons Displaced			Houses Demolished		
	Houses	Persons	Houses	Persons	1934	1935	1936	Total	1934	1935	1936	1934	Total
	3	8	3	8	1	1	1	3	4	2	2	...	8
1934	3	8	3	8	1	1	1	3	4	2	2	...	8
1935	1	5	1	5	...	...	1	1	...	...	5	...	5
1936	4	13	4	13	...	...	3	3	...	...	11	...	11
Totals	8	26	8	26	1	1	5	7	4	2	18	...	24

INDIVIDUAL UNFIT HOUSES (CLOSING ORDER).

Year	Represented		Closed on Undertaking		Houses Vacated				Persons Displaced			
	Houses	Persons	Houses	Persons	1934	1935	1936	Total	1934	1935	1936	Total
1934	1	4	1	4	...	...	1	1	...	...	4	4
1935	3	18	3	18	...	1	2	3	...	7	11	18
1936	2	12	2	12	...	...	2	2	...	...	12	12
Totals	6	34	6	34	...	1	5	6	...	7	27	34

CELLARS AND UNDERDWELLINGS (CLOSING ORDER).

Year	Represented		Closing Order		Dwellings Vacated				Persons Displaced			
	Dwellings	Persons	Dwellings	Persons	1934	1935	1936	Total	1934	1935	1936	Total
1934	54	136	54	136	6	17	27	50	28	43	61	132

OVERCROWDING SURVEY.

In accordance with the requirement of Circular 1507 of the Minister of Health, an Overcrowding Survey of the Borough has been completed.

The following reports were presented to the Health Committee on this survey.

After consideration of these reports, the Health Committee recommended that the Surveyors and Buildings Committee be informed that, in their opinion, it is desirable to provide as a first instalment 200 dwelling houses, to provide adequate accommodation for families of five, six, seven and eight persons.

The Housing Committee agreed to erect 42 three and four-bedroom type houses on the Primrose Mill site, but up to the present building has not been commenced.

HOUSING ACT, 1935.

REPORT ON SURVEY OF THE HOUSES IN THE COUNTY BOROUGH OF OLDHAM UNDER THE ABOVE ACT.

21st May, 1936.

The survey has been carried out under the supervision of the Chief Sanitary Inspector, and all the houses in the Borough suitable for members of the working class have been surveyed and the number of rooms, etc., recorded. The number of tenants in each house has also been ascertained and recorded. The results have been tabulated on cards in the form suggested by the Ministry of Health.

The work has been carried out by 30 specially appointed enumerators, assisted and supervised by three Assistant Sanitary Inspectors. The survey was completed in 2½ months—January to the middle of March—and these enumerators then ceased work. The returns have been tabulated and recorded by three women clerks, assisted in the last week or two by two of the temporary enumerators who have been retained for this work. The requirements of the Ministry are that a record of every house must be prepared, so that owners and occupiers may obtain for any house the number of tenants who may occupy it.

The houses scheduled for demolition have not been included in this survey. Houses owned by the Corporation are included in the total survey, but a separate tabulation has been also made respecting them.

The definition of overcrowding is:—

When the number of persons sleeping in a house is

- (a) such that any two persons, ten years of age or more, of opposite sexes and not being persons living together as man and wife, must sleep in the same room, or
- (b) when the number is in excess of the permitted number of persons defined in the Act.

Children under the age of one year are not counted, and children of one year and under ten years of age are counted as half a unit.

Whole Borough.

The total number of houses surveyed was 36,420. Of these, 7,103, or 19 per cent., where the question of overcrowding was doubtful, were measured. Of the total, 1,516 were found to be overcrowded.

This number gives a percentage of 4.2 houses overcrowded in the Borough. It was also found that there were 376 empty houses in the Borough. From this it would appear that 1,140 new houses are required to relieve the overcrowding. By adjustment, however, many of these overcrowded houses could be relieved from this condition, and when owners become liable (on the appointed day) for allowing overcrowding, it is probable that a good deal of re-adjustment will occur.

As an illustration of the possibility of this, there are 5,231 families of not more than two persons living in houses with accommodation for seven or more persons in each. The Council, however, have no powers to enforce this re-adjustment.

Council Houses.

The returns for these houses are included in the total houses of the Borough, but a separate return also has been compiled. The number of these surveyed was 1,731, and the number found to be overcrowded was 102, giving a percentage of 5.8. The overcrowding is in most cases only slight, amounting in many cases to an extra child ($\frac{1}{2}$ unit). The total *persons* overcrowded in these houses amounts to 141. Most, if not the whole, of these cases of overcrowding could be remedied by a re-arrangement of tenants, as about 180 houses with accommodation for ten or more are occupied by families of not more than three persons.

Procedure.

It will be necessary to house the cards when completed, and, with the limited accommodation in the Health Office, this will be difficult. Cabinets will be required capable of filing up to 40,000 cards, and the only possible accommodation is a small room in the top of the building, which will necessitate going up two flights of stairs each time a card has to be consulted. This could be obviated to some extent by compiling a street book, with a line for each house, and recording little more than the authorised number of tenants, as most of the enquiries will be respecting this. It is possible to house the cabinets in the Lecture Room, but in this room access to them would not always be possible.

The next procedure is fixing of the "appointed day."

(a) The appointed day is the day after which overcrowding may constitute an offence.

(b) Six months after this day a notice must be inserted in every rent book, of the number of tenants who may occupy a house.

The Ministry suggest fixing January 1st as the appointed day in all towns where the overcrowding is less than 2 per cent.

The total overcrowding in the Borough is 4.2 per cent., but, taking the number of houses empty and the probable re-adjustment which will be made, the actual overcrowding is probably about 2 per cent. If a later date is desired, application has to be made to the Minister not later than July 1st. If a later date is desired, I suggest that notice should be published and sent to the owners well before the end of the year, so that suitable rent books may be provided. I am of opinion that July 1st, 1937, would be the earliest the records would be completed.

As 19 per cent. of the houses have been measured, there still remains 81 per cent. in which this will be necessary. The majority of houses overcrowded and for which alternative accommodation is required are:—

1.	For a maximum accommodation of 3 persons	...	...	266
2.	For a maximum accommodation of 5 persons	...	...	1,243
3.	For a maximum accommodation of $7\frac{1}{2}$ persons	...	...	58

Only 24 houses of a larger type than these are overcrowded.

While dealing with the question of prevention of overcrowding in private houses, the Council should consider the removal of overcrowding in their own premises. The Health Offices on "baby" days are unhealthily overcrowded; the Orthopædic Centre on Mr. Poston's days are the same, and the number of enquiries respecting the Housing Act will still further congest the premises. The Council, after September, will have to bear the whole cost of the Dispensary, and as a final suggestion I would suggest the Health Committee consider the advisability of co-ordinating the work of the Health Department, etc., under one roof, and afford the staff, and those who attend, healthy and ample accommodation, instead of housing them under crowded conditions in premises once condemned as insanitary.

JAMES B. WILKINSON, M.D., C.M., D.P.H.,

Medical Officer of Health.

Town Hall,
Oldham.

21st July, 1936.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Mr. Chairman, Mrs. Councillor Shannon and Gentlemen,

I herewith submit my report on "THE SURVEY OF OVERCROWDING AND THE RE-HOUSING OF OVERCROWDED FAMILIES." This report should be taken in conjunction with the report presented to you in May by my predecessor, Dr. Wilkinson.

Standard of Overcrowding.

By Section 2 (1) of the Act a dwelling house shall be deemed to be overcrowded at any time when the number of persons sleeping in the house either

(a) is such that any two of these persons, being persons ten years old or more, of the opposite sexes and not being persons living together as husband and wife, must sleep in the same room; or

(b) is, in relation to the number and floor area of the rooms of which the house consists, in excess of the permitted number of persons as defined in the First Schedule to the Act.

The number of persons to be permitted in each size of house, as set out in the First Schedule, is:—

Table 1.

Where a house consists of—	The permitted number is—
(a) One room	2
(b) Two rooms	3
(c) Three rooms	5
(d) Four rooms	7½
(e) Five rooms or more	10
	with an additional 2 in respect of each room in excess of 5

Sub-section (2) of Section 2 of the Act provides that, in determining the number of persons sleeping in the house, no account shall be taken of a child under one year old, and a child who has attained one year and is under ten years shall be reckoned as one half unit.

The Act also provides that, in arriving at the number of rooms in a house, no room with a floor area of less than 50 sq. ft. is to be counted for the purpose of the above Table.

Table 2.

Where a room in a house has a floor area of—	The permitted number is—
(a) 110 sq. ft. or more	2
(b) 90 sq. ft. or more, but less than 110	1½
(c) 70 sq. ft. or more, but less than 90	1
(d) 50 sq. ft. or more, but less than 70	½
(e) under 50 sq. ft.	Nil

In the application of these tables, account is only to be taken of rooms which are normally used in the locality either as a living room or bedroom.

Results of the Survey.

Thirty-six thousand, four hundred and twenty dwellings were surveyed, and 1,519 were found to be overcrowded. On the sex basis the degree of overcrowding was surprisingly small—not more than three houses out of the total surveyed.

Re-housing Proposals.

When considering re-housing proposals, the following facts must be borne in mind:—

The overcrowding of a particular family may be abated in various ways, other than by the direct provision by the local authority of a new house for that family. For example, it might be abated by the finding of alternative accommodation for sub-tenants (so increasing the amount of accommodation at the disposal of the overcrowded family), or by obtaining the removal of the overcrowded family to a suitable existing house, whether belonging to the local authority or to a private owner. Unfortunately, few persons, unless there was some special attraction, would be willing to change their present accommodation for that of a smaller type.

Many families of one, two or three persons are occupying accommodation far in excess of their requirements. This is very evident in the case of Corporation houses. The provision of houses suitable for aged persons or flats for the smaller families, would reduce the need for the provision of larger houses.

The present rate of slum clearance cannot be regarded as satisfactory. The provision of houses for families displaced by slum clearance should take priority over those required to abate overcrowding. Indirectly this will reduce the number of houses required to abate overcrowding, as it was considered advisable to include in the total of overcrowded houses those which occur in areas which may in future be dealt with as clearance areas.

Memorandum B states that “from Form C (Table 1) the authority will make their first rough estimate of the accommodation required to abate overcrowding. For this purpose, there can be estimated from the form the total numbers of the two-roomed, three-roomed, four-roomed, etc., houses which would be required to re-house the families shown to be overcrowded. From these totals are to be deducted the number of houses of the same sizes which would be left vacant by the removal of the overcrowded families. The number of vacant houses of the same sizes which were vacant at the time of the survey should also be deducted. The resulting estimate of need, adjusted to the amount of the difference between the overcrowding standard and the standard of Section 37 of the 1930 Act, would only be approximate, but in most cases would be sufficient to form a basis—at any rate, for

the first re-housing proposals." The adjustment is to cause a change from "Persons" to "Individuals," and means no increase in the number of houses required, but an increase in the size of the house.

Table B has been drawn up to assist in arriving at this estimate. It shows the overcrowded families in relation to empty houses and houses to be vacated, and the approximate number of houses required to abate overcrowding for each permitted number of persons.

An examination of Table B shows that it simplifies the position if we group the overcrowded families, empty houses and houses to be vacated into three groups:—

- (1) with a permitted number 1 to 5 inclusive;
- (2) with a permitted number of $5\frac{1}{2}$ to $7\frac{1}{2}$; and
- (3) with a permitted number 8 to 12.

If re-housing were contemplated on this basis there would be a surplus of 1,095 houses in the first group, the second group would show a deficiency of 742 houses and the third group a deficiency of 34. This is assuming that all empty houses and all the houses vacated by overcrowded families are utilised, and no allowance has been made for houses under construction by private builders or by the Corporation for purposes other than the re-housing of tenants from slum clearance areas.

The Borough Engineer and Surveyor informs me that about 150 houses are being built by private enterprise, but only for sale and not for letting. As many of them are of the working class type, they will increase the surplus in group 1. He also informs me that no houses are under construction or contemplated "for other purposes."

Size and Type of Accommodation Required.

Circular 1539 states:—

- (a) The *three-bedroom*, non-parlour type of house . . . affords adequate accommodation for a family of not more than *five persons*.
- (b) For a family of *six persons*, a *three-bedroom*, non-parlour type of rather *larger size* than that referred to under (a) would afford adequate accommodation.
- (c) For a family of *seven persons* . . . a *four-bedroom*, non-parlour type with bedrooms of certain dimensions . . .
- (d) For a family of *eight persons* a *four-bedroom* house of approximate given area . . .
- (e) For families of more than eight persons . . . increase of sleeping accommodation should be accompanied by corresponding increase of living accommodation.

It will be observed that, while relief of overcrowding may be accomplished in part by the transfer of families from overcrowded small houses to houses of a larger size, it will be necessary to increase the proportion of larger houses owing to the larger size of the overcrowded families, and, strictly speaking, the deficiency in groups 2 and 3 should be made good by the building of 776 new houses, comprised of approximately 337 three-bedroomed type and approximately 439 four-bedroomed type.

Memorandum B states that "where a substantial amount of re-housing is indicated as being required, the local authority should in the first instance submit specific proposals providing for only a proportion of the total number; and in choosing the houses to be included in the first specific proposals, the local authority will have regard to the necessity of relieving the worst cases of overcrowding first, and the first proposals should include houses of the proper type . . ."

It is the responsibility of the Health Committee, on the report of their Medical Officer, to determine what shall constitute their first proposals. These proposals should include a number of the three-bedroom and four-bedroom type of house. I suggest that 75-100 houses of each type would be a reasonable preliminary number.

(Signed) J. T. CHALMERS KEDDIE, M.B., Ch.B., D.P.H.,
Medical Officer of Health.

Number of Families containing the number of Persons in the first column occupying Dwellings with the permitted number shown at the head of the column.

Number of Persons in Family		1	1	1½	2	2½	3	3½	4	4½	5	5½	6	6½	7	7½	8	8½	9	9½	10	10½	11	11½	12 or over	No. of Families over-crowded	No. or Families not over-crowded
1	...	1	1		100		299			933						578					111	1		34	1	2057	
1½	...				8		7			44						16	1				1			8	—	84	
2	...	1	2	5	123*	2	749	1	1	4817	2	2	2		5	3548	1		3		720			210	8	10183*	
2½	...				31	1	232	1	5	1363	1				5	877					216	1		44	31	2746	
3	...	2		3	25		261		4	1	4038		11		22	3113			6		889	1		245	30	8591	
3½	...				5		59		7		909	2	6		10	613	1		2		171			49	64	1771	
4	...	1	1		7		98	3	1	3	1893	3	53		13	1896	2		1	3	675	4	1	183	109	4733	
4½	...				3		37			2	470	6	17		6	416	5		4	1	166	1		50	41	1145	
5	...						36	10	23	2	841	2	29		6	752	7		1	4	396	1	2	134	69	2176	
5½	...						7	2			258	1	4			183	7		1	2	108		1	35	267	342	
6	...			1			12			1	364	10	7		2	179	6	1	1	1	226	1		75	388	500	
6½	...						5				105	6	7		3	46	4			1	73			23	123	150	
7	...						4				123	8	8	5		55	5	1	2		84	1		42	148	190	
7½	...						3				47	4	7	1	1	14	3				45			19	63	82	
8	...						1				40	1	4			26	1		1		29			22	72	53	
8½	...						2				19	1				12	1			14	1			12	35	27	
9	...										15					11	2	4	1	8				9	32	18	
9½	...						1				2				1	4		2		1				4	10	5	
10	...						1				2					4			2	1				5	9	6	
10½	...															1		1	1	2				1	5	1	
11	...										2							1		3				5	6	5	
11½	...																								—	—	
12 or over	...																								—	—	
Not Overcrowded	...	1	231*	3			1548	1	18	6	15308	17	129	4	72	12286	42	1	10	26	3934	12	4	3	2	5	2
Overcrowded	...	5	72				266	3	12	24	977	30	26	6	2	58	3	6	2	3	5	1	1	3	1211	—	34867*
Empty Houses...	...	6	9				21		3	5	91		2			123			6		54				56	1516	Total
Houses to be Vacated			50				250	3	12	24	977	30	26	6	2	58	3	6	2	3	5	1	1	3			376
																										1462	

Overcrowded Houses ... 1516 Tables I and II.

" " " 3 Section 2 (1) (a) (sex only).

Total ... 1519

*This figure includes 3 families overcrowded by mixing of sexes only.

Overcrowding Survey.—Table II.

FORM "C"—Return relating to Corporation Houses in the Borough.

Number of Families containing the number of Persons in the first column occupying Dwellings with the permitted number shown at the head of the column.

[illegible]

Table "A."

Number and Size of Overcrowded Families.

No. of Equivalent ADULTS in Family	No. of Families of these sizes Surveyed	No. of Families of these sizes Overcrowded			Percentage of Families of these sizes Overcrowded
		(a) In Corpora- tion Houses	(b) In Other Houses	(c) Total	
1	2,058	...	1	1	.05
1½	84	...	...	...	...
2	10,188	...	*11	11	.08
2½	2,777	...	31	31	1.11
3	8,621	...	30	30	.34
3½	1,835	...	64	64	3.50
4	4,842	...	109	109	2.25
4½	1,186	...	41	41	3.45
5	2,245	...	69	69	3.07
5½	609	21	246	267	43.84
6	888	19	369	388	43.70
6½	273	17	106	123	45.05
7	338	18	130	148	43.78
7½	145	9	54	63	43.44
8	125	7	65	72	57.60
8½	62	3	32	35	56.45
9	50	6	26	32	64.00
9½	15	...	10	10	66.66
10	15	2	7	9	60.00
10½	6	...	5	5	83.33
11	11	...	6	6	54.54
11½	...	...	...	...	...
12	7	...	5	5	71.42
Totals ...	36,380	102	1417	1519	

*This figure includes 3 families overcrowded under Sec. 2 (1) (a)
(overcrowded by mixing of sexes only).

Overcrowding Survey—Ward Table.

Analysis of Wards.

WARD	Number of Houses Surveyed	Number of Houses Overcrowded	Percentage of Houses Overcrowded	Number of Houses Empty
Mumps	1,706	101	5·9	8
St. Mary's	2,381	167	7·1	8
Coldhurst	1,915	122	6·4	11
Westwood	3,187	135	4·2	16
Hartford	2,808	131	4·6	32
Hollinwood.....	3,111	126	4·0	36
Werneth	2,576	64	2·5	20
St. Paul's	4,682	115	2·4	71
St. Peter's	2,581	66	2·5	34
Clarksfield	4,791	149	3·1	78
Waterhead	3,710	210	5·7	42
St. James's.....	2,972	133	4·5	20
Totals	36,420	1519*	4·2	376

Overcrowded houses—Tables I and II	1,516
„ „ Section 2 (1) (a) (sex only)	3
	<hr/> 1,519 <hr/>

*This figure includes 3 families overcrowded by mixing of sex only.

Housing Statistics.

Number of New Houses erected during the year 1936:—

(a)	Total Number (including (b))	...	...	...	...	400
	1. By the Local Authority	...	...	...	...	140
	2. By other bodies or persons	...	...	...	...	260
(b)	With State Assistance under the Housing Acts—					
	1. By the Local Authority	...	...	...	...	140
	2. By other bodies or persons	...	...	...	...	Nil

The following information is given in the form required by the Ministry of Health:—

1. Inspection of Dwelling Houses during the Year:—

(1)	(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	1,400
	(b)	Number of inspections made for the purpose	...	...	...	...	8,402
(2)	(a)	Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	...	Nil
	(b)	Number of inspections made for the purpose	...	...	...	...	Nil
(3)		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	301
(4)		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	805

2. Remedy of Defects during the Year without Service of Formal Notices:—

	Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	324
--	---	-----	-----	-----	-----	-----	-----

3. Action under Statutory Powers during the Year:—

(A)	PROCEEDINGS UNDER SECTIONS 17, 18 AND 23 OF THE HOUSING ACT, 1930:—						
(1)	Number of dwelling houses in respect of which notices were served requiring repairs	...	...	...	...	...	327
(2)	Number of dwelling houses which were rendered fit after service of formal notices:—						
	(a) By owners	...	...	...	...	...	315
	(b) By Local Authority in default of owners	...	...	...	...	...	1
(B)	PROCEEDINGS UNDER PUBLIC HEALTH ACTS:—						
(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	...	109
(2)	Number of dwelling houses in which defects were remedied after service of formal notices:—						
	(a) By owners	...	...	...	...	...	106
	(b) By Local Authority in default of owners	...	...	...	...	...	Nil

(C) PROCEEDINGS UNDER SECTIONS 19 AND 21 OF THE HOUSING ACT, 1930:—

(1) Number of dwelling houses in respect of which Demolition Orders were made	5
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	2

(D) PROCEEDINGS UNDER SECTION 20 OF THE HOUSING ACT, 1930:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ...	Nil

4. **Housing Act, 1935—Overcrowding:—**

(A) (1) Number of dwellings overcrowded at the end of the year	1,657
(2) Number of families dwelling therein	1,873
(3) Number of persons dwelling therein	9,799
(B) Number of new cases of overcrowding reported during the year	138
(C) (1) Number of cases of overcrowding relieved during the year	31
(2) Number of persons concerned in such cases	149
(D) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	Nil

Section VI.

INSPECTION AND SUPERVISION OF FOODS

MILK SUPPLY.

Tuberculosis Order, 1925.

During the year 75 samples of mixed and unmixed milk have been collected from farms within and without the Borough, and submitted to bacteriological examination for the presence of tubercle bacilli.

Of these, 41 samples were from farms within the Borough, two containing tubercle bacilli. Of the remainder, which were taken from milk produced outside the Borough but retailed within the Borough, three contained tubercle bacilli.

When a positive result is obtained from a farm within the Borough, all the cows in the herd are examined without delay, and an animal showing definite clinical signs of tuberculosis is removed. If tuberculosis cannot be definitely diagnosed, further samples are taken and, if necessary, suspected animals are isolated.

In the event of a sample from a farm outside the Borough being found positive, the Medical Officer of Health of the area in which the milk is produced is notified immediately.

The following milks were examined:—

			Number examined		Number positive
"Certified"	...	...	Nil	...	Nil
Grade "A"	...	...	1	...	Nil
"Pasteurised"	...	...	Nil	...	Nil
Farm	...	...	74	...	5

Table showing Number of Samples of Milk obtained from Various Districts, and the Percentage found to be Tuberculous, for the Years 1932 to 1936.

	Year 1932			Year 1933			Year 1934			Year 1935			Year 1936		
	Total number of samples examined	Number Positive	Percentage Positive	Total number of samples examined	Number Positive	Percentage Positive	Total number of samples examined	Number Positive	Percentage Positive	Total number of samples examined	Number Positive	Percentage Positive	Total number of samples examined	Number Positive	Percentage Positive
Oldham	38	...	...	37	1	2.77	36	...	...	32	...	...	40	2	5.00
Lancashire	12	...	...	11	1	9.09	9	1	11.11	27	5	18.52	21	2	5.78
Yorkshire (W.R.) ...	10	...	...	6	...	...	8	...	...	2	...	...	7	1	16.88
Cheshire .....	...	...	...	6	4	66.66	9	1	11.11	9	...	...	6	...	...
Westmorland .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Derbyshire .....	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...
Mixed .....	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...
Pasteurised.....	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Special .....	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...
Total for Year	60	...	...	60	6	10.00	71	2	2.81	72	5	6.94	75	5	6.66

Milk Purveyors.

The following figures have been compiled from the register:—

Number of milk shops on register on 1st January, 1936 ...	...	417
„ „ discontinued during the year ...	...	27
„ „ registered during the year ...	...	18
„ „ on register on 31st December, 1936 ...	...	408
Number of visits to milk shops ...	...	516
Number of notices served ...	...	1

At the end of the year there were 33 Oldham farmers on the register and 172 farmers and dairymen who resided outside the Borough.

Dairies and Cowsheds.

There are 33 farms in the Borough for the housing of milch cows, and on these farms there are 71 cowshed premises. No new premises were added to the register, but one cowshed was removed, as it was no longer used for this purpose. There were 176 visits made to these premises, and as a result 12 notices were served, five of which had been complied with at the end of the year.

Milk (Special Designations) Order, 1923 and 1936.

The following Licences were issued during the year:—

- 5 Supplementary Licences to sell milk as "Certified"
- 1 Producer's Licence to produce milk as "Grade A"
- 8 Supplementary Licences to sell milk as "Grade A"
- 4 Supplementary Licences to sell milk as "Pasteurised"
- 1 Licence in respect of Pasteurising Establishments.

During the year 20 samples of designated milk were submitted for bacterial count, with the following results:—

	No. of samples taken	No. of samples satisfactory	No. of samples below standard
Certified ...	4	2	2
Grade "A" ...	15	12	3
Pasteurised ...	1	1	—
Total	20	15	5

The two Certified samples were found to contain B. Coli. in 1/10 c.c., and the three Grade "A" samples B. Coli. in 1/100 c.c.

All samples were satisfactory as regards the number of bacteria per c.c.

Meat Inspection.

There is no Public Abattoir in the town. All slaughtering is done in private slaughterhouses, which number 34, and all are licensed. The majority of the large authorities possess a Public Abattoir, and such an establishment would be an asset to the town.

The following table shows the number of condemnations of:—

- (i) entire carcase, (ii) of parts of carcasses or organs;
(a) for tuberculosis, (b) for diseases other than tuberculosis.

Animal	For Tuberculosis		For Diseases other than Tuberculosis
	Entire Carcasses	Parts of Carcasses or Organs	Entire Carcasses
Calves	1	—	1
Heifers	5	27	—
Cows	63	647	9
Bullocks	—	38	1
Bulls	—	12	—
Sheep	—	—	4
Pigs	9	282	28
Chickens	6	—	—
	84	1,006	43

The total weight of meat and offal destroyed was:—For tuberculosis, 82,111 lbs.; for diseases other than tuberculosis, 17,104 lbs.

The following is a summary of the Diseased and Unsound Food destroyed during the year:—

Article	Weight in lbs.	Remarks
Cattle	39,764	78 whole carcasses
Sheep	188	4 whole carcasses
Pigs	3,790	37 whole carcasses
Calves	144	2 whole carcasses
Parts of Carcasses and Offal	55,317	1,625 cattle, sheep and pigs
Fruit and Vegetables	15,090	} 33 cases
Preserved Foods ...	685	
Chicken	12	
Eggs	8	
TOTAL ...	114,998 lbs.	1,786 cases reported and found

Food and Drugs (Adulteration) Act, 1928.

The administration of this Act is carried out by the Public Health Department. The total number of samples analysed during 1936 was 215, representing an increase of 20 samples on the previous year.

The following table summarises the working of the Act during the year:—

Number of Samples purchased for Analysis under the Food and Drugs Act.

Name or Description of Article examined	Number of Samples of each Article examined			Number of Samples of each Article regarded as Adulterated, below standard, or otherwise not complying with prescribed requirements		
	Formally taken	Informally taken	Total	Formally taken	Informally taken	Total
Milk	127	...	127	...	...	...
Tincture of Iodine ...	3	7	10	2	2	4
Whisky	8	...	8	...	...	...
Rum	8	...	8	...	...	...
Camphorated Oil ...	...	4	4	...	...	...
Zinc Ointment ...	...	7	7	...	...	...
Boracic Ointment ...	...	5	5	...	...	...
Cheese ... ..	...	12	12	...	...	...
Butter ... ..	...	6	6	...	...	...
Dried Apricots ...	...	3	3	...	...	...
Margarine ... ..	...	7	7	...	...	...
Peroxide ... ..	...	1	1	...	...	...
Egg and Milk Toffee ...	...	1	1	...	...	...
Vinegar ... ..	...	3	3	...	...	...
Pickled Onions ...	...	5	5	...	...	...
Jam ... ..	...	3	3	...	...	...
Self-Raising Flour ...	...	1	1	...	...	...
Petroleum Jelly ...	...	1	1	...	...	...
Olive Oil ... ..	...	1	1	...	...	...
Skimmed Milk ...	...	1	1	...	...	...
Condensed Milk ...	...	1	1	...	...	...
	146	69	215	2	2	4

The milk supply maintained its accustomed freedom from adulteration, and, indeed, throughout the year there was not a single sample which did not conform to the requirements of the Sale of Milk Regulations, 1901. Moreover, all the samples were free from preservatives and colouring matter. The following figures afford a good idea of the quality of milk vended:—

MILK FAT—

- 0 samples contained below 3·0 per cent. fat.
- 23 samples contained from 3·0 to 3·5 per cent. of fat.
- 41 samples contained from 3·51 to 3·99 per cent. of fat.
- 63 samples contained 4·0 per cent. and upwards of fat.

NON-FATTY SOLIDS—

- 2 samples contained below 8.5 per cent. non-fatty solids.
- 14 samples contained from 8.5 to 8.7 per cent. non-fatty solids.
- 46 samples contained from 8.71 to 8.9 per cent. non-fatty solids.
- 44 samples contained from 8.91 to 9.1 per cent. non-fatty solids.
- 21 samples contained over 9.1 per cent. of non-fatty solids.

It is almost a unique experience to find the milk supply of a County Borough the size of Oldham absolutely free from sophistication, and this is the outstanding feature of the operation of the Act during the year.

Four samples of tincture of iodine were incorrectly prepared, all being deficient in iodine to the extent of 34.4, 36, 34 and 22.8 per cent. respectively, and in three cases were deficient also in potassium iodide to the extent of 30, 20 and 23.3 per cent., the fourth sample containing 26 per cent. excess of this constituent. These four samples were purchased from two shopkeepers, and each was prosecuted and fined 40s. and costs.

Artificial Cream Act, 1929.

No action has been necessary under the Act.

Public Health (Dried Milk) Regulations, 1923 and 1927.

No conditions were observed which suggested the necessity of taking action under these Regulations.

Public Health (Condensed Milk) Regulations, 1923 and 1927.

Two samples of condensed milk were submitted to the Public Analyst, and were found to conform in all respects with the Regulations and the statements on the labels.

Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1927.

The various food substances submitted to the Public Analyst under the Sale of Food and Drugs Act were, when considered necessary or desirable, examined for preservatives and prohibited colouring matter. No contravention of the Regulations was detected.

Chemical and Bacteriological Examination of Food.

Samples obtained for chemical analysis are sent to the laboratory of the Public Analyst.

Milk samples taken for bacterial count and examination for tubercle bacilli are sent to the University of Manchester, Public Health Laboratory, York Place, Manchester, 3. Here also are sent any other foods which require bacterial examination.

Nutrition.

Talks on nutrition and diet were given by members of the department to various local audiences during the year. Pamphlets of instruction on the subject were also distributed during Civic Week and at the various Welfares and Clinics.

The only actual figures available as a measure of the local state of nutrition are those relating to school children. In this connection tables are given in the School Medical Report, and also a brief report of the results of a special nutrition investigation.

Section VII.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

On pages 104 and 105 will be found the numbers, age groups, ward distribution and seasonal prevalence during 1936 of the notifiable infectious diseases.

The following table shows the Attack Rate and Death Rate:—

DISEASE	Attack Rate per 1,000 of the population		Death Rate per 1,000 of the population		Death Rate per 1,000 Cases
	England & Wales	Oldham	England & Wales	Oldham	
Small Pox	0·00	0·06	Nil	Nil	Nil
Diphtheria	1·39	2·37	0·07	0·17	74
Erysipelas	0·40	0·67	Nil	—	45
Scarlet Fever	2·53	1·43	0·01	0·01	11
Enteric Fever	0·06	Nil	0·01	Nil	Nil
Puerperal Fever	*3·27	*2·24	*1·34	*1·78	—
Puerperal Pyrexia...	*9·64	*26·37	—	—	Nil
Acute Primary Pneumonia	—	0·87	—	0·61	—
Measles	—	—	0·07	0·09	—
Whooping Cough ...	—	—	0·05	0·12	—
Influenza	—	—	0·14	0·20	—

* Rates per 1,000 total Births (*i.e.*, Live and Still).

Small-pox.

During the year an outbreak of small-pox occurred in the Hartford Ward. There were eight cases notified and no deaths. Two of the cases were removed for observation; one of those (E.U.) developed symptoms suggestive of vaccinia or possibly small-pox sine eruptone.

The following is a brief account of the outbreak:—

Case No. 1. The patient (E.H.) was an unvaccinated married woman, aged 41, who was employed in the cardroom of a cotton mill. A diagnosis of small-pox was made on November 28th, and the patient was immediately removed to hospital. She was first taken ill on the evening of the 16th, but remained at work until the following afternoon. The next day she felt worse and went to bed. On November 20th a rash developed, and she complained of severe headache. On the morning of the 27th the patient had hundreds of pustules on the face, scalp, arms, forearms, dorsum of hands, thighs, legs and feet, and was a typical picture of variola major.

The preventive measures detailed in Memo. 71a, Med., were immediately adopted, and, as a result of the notification by telegram to the Ministry of Health, Dr. W. Vernon Shaw, visited the Borough and confirmed the diagnosis.

Lists of contacts were prepared, and fell into the following three groups:—

1. **Mill Contacts.** Persons in contact with the patient at the mill on November 16th and 17th. These numbered 98.
2. **Mill and House Contacts.** Fellow workers at the mill who had also visited the patient during her illness. These numbered five.
3. **House Contacts.** Persons who had visited the house whilst the patient had been ill. These numbered 11.

All house contacts were subjected to daily supervision and were visited by one of the staff. Daily communication with the mill concerned was arranged, and information given of all absentees. These were immediately visited and the cause of absence ascertained. In cases of house contacts, from the twelfth day of contact onwards the temperature was taken daily.

It is gratifying to report that the subsequent cases in Oldham were confined to the immediate contacts, and no cases occurred from these secondary cases.

The following are brief particulars of the subsequent cases:—

Case No. 2 (G.H.), aged 41. Vaccinated 1916.
House and Mill Contact (17th-28th/11/36).
Husband of E.H.

3/12/36. Complained of severe headache and had temperature of 101° .
On examination, no evidence of rash, but was immediately removed to Hospital.

After admission, pyrexia continued but no rash developed. He was re-vaccinated on 29/11/36 and on 12/2/37, but neither of his re-vaccinations were successful.

The symptoms and temperature justify a diagnosis of "small-pox sine eruptone."

Case No. 3 (H.H.), aged 15. Unvaccinated.
House Contact (17th-28th/11/36).
Son of E.H. and G.H.

29/11/36. Vaccinated.

3/12/36. Did not complain, no symptoms. Temperature 101°.
Removed to hospital for observation.

4/12/36. Not so well, general malaise.

5/12/36. Definitely poorly, first symptoms of rash.

Subsequent history: Typical modified small-pox, with profuse eruption following successful vaccination.

Case No. 4 (B.H.), age 40. Unvaccinated.
House Contact (17th-28th/11/36).
Sister and neighbour of E.H.

30/11/36. Vaccinated.

7/12/36. Found to be ill, and on examination two small papules on the face. Immediately removed to hospital as a case of small-pox.

Later a profuse rash developed.

This patient afterwards admitted that she felt ill on the two days prior to her removal, but had denied this when visited. It is to be noted that in this case the temperature was not taken as a routine after the tenth day. In the light of subsequent experience, we feel that had this been done evidence would have been provided which would have indicated her earlier removal for observation.

Case No. 5 (C.F.), female, age 15. Unvaccinated.
House Contact (23/11/36).
Neighbour of E.H.

30/11/36. Vaccinated.

8/12/36. In course of visits to this patient's mother (a house contact), child was found to be ill in bed. On examination, no temperature, two small papules on face, and a total of six on the back, forearms and legs. The patient was immediately removed to hospital as a case of small-pox.

Later she developed a mild but well-marked rash.

Her mother subsequently stated that the patient had visited E.H. on 23/11/36, and that on the morning of 5/12/36 she did not feel well and did not want to go to work, but was made to do so. On 6/12/36 the family doctor was called in and stated that she had a high temperature. It is unfortunate that the doctor did not give this information to the Health Department, and that the mother concealed these facts from the inspector who was visiting daily.

Case No. 6 (S.F.), age 54. Vaccinated in infancy.
House Contact (17th-27th/11/36).
Neighbour of E.H. and had acted as her nurse from the commencement of her illness.

1/12/36. Re-vaccinated.

- 8/12/36. On examination, temperature 101° . No symptoms and no rash.
 9/12/36. Temperature 100° . Denied any symptoms and no rash.
 10/12/36. On examination, small papules noticed on the forehead and forearm. Did not complain, but appeared flushed and anxious. She was immediately removed to hospital.

Later she developed a typical and profuse rash.

This patient should have been removed to hospital when the first rise of temperature was noted.

Case No. 7 (A.F.), age 40. Unvaccinated.

House and Mill Contact (17th-27th/11/36).

Neighbour who had visited E.H. frequently during her illness.

30/11/36. Vaccinated.

- 11/12/36. On examination, three small papules on the face and one on the back. No symptoms. No elevation of temperature. Immediately removed to hospital.

No further lesions developed.

The case must be regarded as one of small-pox modified by vaccination. It is to be noted that this patient's temperature was taken daily, but no rise was recorded.

Case No. 8 (F.H.), age 64. Vaccinated in infancy.

House Contact (27/11/36).

Father-in-law of E.H. who visited her on 27/11/36.

1/12/36. Vaccinated.

- 11/12/36. Complained of back-ache, no rash, but appeared poorly. Temperature 101° . Immediately removed to hospital.

13/12/36. Typical and profuse rash appeared.

Case No. 9 (?), (E.U.), age 24. Unvaccinated.

House and Mill Contact (16th-17/11/36 and 23/11/36).

Friend of E.H. who visited her on 23/11/36.

30/11/36. Vaccinated.

8/12/36. Severe local re-action to vaccination. Temperature 100.8° .

- 11/12/36. On examination, one suspicious spot on the face. Temperature 100.2° . Immediately removed to hospital for observation. Her temperature remained elevated for three or four days. No further signs of rash.

She was not notified, and it is difficult to say whether the diagnosis was vaccinia or very modified small-pox. Dr. Shaw expressed the latter opinion.

The second patient (F.B.) removed for observation was a casual contact of Case No. 4 (B.H.). Seventeen days after contact and seven after vaccination he developed a temperature of 100.4° , with severe local and general re-action. He was removed to hospital for observation, but no further signs of small-pox developed.

No further cases occurred in Oldham, but two cases subsequently traced to the Oldham source occurred in the neighbouring Urban District of Failsworth.

On the 11th January, 1937, M.W., a married woman, was notified to the Medical Officer of Health, Failsworth, as a case of small-pox. The diagnosis was subsequently confirmed by the County Medical Officer of Health for Lancashire and Dr. Shaw, of the Ministry of Health. The patient's illness had commenced on January 3rd, and the typical rash had appeared on January 6th. M.W. had not been in contact with any of the Oldham cases, but her sister, S.A.H., was found, after careful questioning, to be the aunt of the Case No. 2 (G.H.). Further enquiries revealed that S.A.H. had visited Case No. 1 (E.H.) at her house on the 26th November, 1936. Later S.A.H. admitted that about December 10th she herself was not well (shivering, backache, etc.), but did not call in a doctor. On December 13th she had a rash on the face, arms and legs, which developed into pustules and later into scabs. When examined on the 13th January, S.A.H. was found to have small-pox scars on the face and arms and a few "seeds" on the soles of the feet.

In our opinion, S.A.H. had been a "missed contact" of Case No. 1 (E.H.), and M.W. was infected by her.

For the last few years small-pox in this country has been a rarity. In April this year four cases occurred in a South of England town, the original case having contracted the disease in the Mediterranean.

No further cases occurred till our outbreak in November.

The following table shows the number of notifications in England and Wales during the years 1930-1936:—

1930	...	...	...	11,839
1931	...	...	...	5,664
1932	...	...	...	2,039
1933	...	...	...	631
1934	...	...	...	179
1935	...	...	...	1
1936	...	...	...	12

The source of infection in the Oldham case has not been determined but it is most significant that the patient was an unvaccinated cotton worker and that the case was one of variola major.

The outbreak demonstrated the value of vaccination and the present method of small-pox control.

The outbreak caused additional work for all members of the Staff and special mention must be made of the valuable assistance rendered by Dr. Eric Ward, the Deputy Medical Officer of Health, and Mr. J. W. Winterbottom, the Sanitary Inspector of Hartford Ward. The late Dr. W. Vernon Shaw, of the Ministry of Health, Dr. A. Armit, Medical Officer of Health of Chadderton, and Dr. H. J. Phillips, Medical Officer of Health of Ashton and Superintendent of the Ashton and District Small-pox Board, generously co-operated with us. Their assistance was much appreciated.

The following figures indicate the work done in the Department as a result of the outbreak:—

Number of "contacts" under supervision, excluding mill contacts not repeatedly visited	108
Number of visits paid by Sanitary Inspectors to "contacts" ...	880
Number of visits paid by Medical Officers to "contacts" ...	583
Number of vaccinations performed by Medical Officers of the Oldham and Chadderton Health Departments and of the Municipal Hospital	282
Number of ambulance journeys to or from the Hartshead Small-pox Hospital	14

Vaccination.

During the year 1936 the Vaccination Officer issued 727 Q Notices requesting parents' compliance with the Acts and 8 K Forms to defaulters. He also paid 170 home visits and notified the Public Vaccinators on H Forms of 183 cases requiring Vaccination.

The following table gives details of the work of the Public Vaccinators during the year:—

District	No. of Successful Primary Vaccinations of Persons			No. of Successful Re-vaccinations
	Under 1 year of age	One year and upwards	Total	
1	18	3	21	5
2	29	1	30	—
3	19	7	26	11
4	14	30	44	24
5	23	9	32	14
6	25	4	29	—
TOTALS	128	54	182	54

Under the Public Health (Small-pox Protection) Regulations, 1917, 282 vaccinations or re-vaccinations were performed by the Medical Officers of the Health Department.

Table showing the Ultimate Vaccinal State of Infants at the end of the year following that in which these Births were Registered.

Year	Total Births Registered	Successfully Vaccinated	Percentage of Successful vaccinations to births Registered	Insusceptible	Had Small-pox	Exempted by Statutory Declaration	Died Unvaccinated under 1 year of age	Postponed by Medical Certificate	Removed out of District	Remaining	Not accounted for
1931	2021	175	8.6	0	0	1615	150	35	27	10	9
1932	1983	187	9.4	4	0	1585	121	25	3	20	38
1933	1901	203	10.6	1	0	1499	109	12	23	40	14
1934	2000	205	10.2	1	0	1603	100	10	41	25	15
1935	1975	180	9.1	1	0	1628	86	14	30	23	13

Diphtheria.

During the year there were 310 cases notified in the Borough, as compared with 218 in 1935. Of these 310 cases, 292 were removed to hospital and 23 died.

Many of the cases were severe in type, death occurring after a short period in hospital and in spite of large doses of antitoxin. At no period did the incidence fall to any great extent, nor was there any prolonged peak period. In these respects the Borough appears to have been more fortunate than some of its neighbouring authorities.

Supply of Diphtheria Antitoxin.

Diphtheria antitoxin is supplied free to general practitioners for prophylactic and treatment purposes. It can be obtained at the Public Health Office during the day and at the Central Police Station, Town Hall, at other times. One hundred and thirteen phials of 8,000 units were issued for these purposes.

Diphtheria Immunisation.

Immunisation against diphtheria was continued on the lines described in last year's report. A.P.T. (B.W.) was used for infants, two doses of .2 c.c. being given at fortnightly intervals. Formal Toxoid (B.W.) in doses of .2 c.c., .5 c.c. and 1 c.c. were given at the same interval to elder children. The following table gives the number of children immunised:—

School	No. Immunised
Northmoor Church	107
St. Peter's Church	63
Watersheddings Council	29
St. Patrick's R.C.	349
Northmoor Council	287
Various	70
Public Assistance Committee Homes.....	79
TOTAL ...	984

Of the total number immunised, 52 did not receive the full number of injections.

In addition to these, 26 children were immunised at Westhulme Hospital, and 160 doses of T.A.F. were issued free to private practitioners.

Scarlet Fever.

The number of cases notified during 1936 was 187, as compared with 588 in 1935. Of these 187 cases, 146 were removed to hospital and two died.

Reference to the table on page 105 will show the amazing fall since February in the number of notifications.

Erysipelas.

Eighty-eight cases were notified during the year, as compared with 72 in 1935. Of these 88 cases, 51 were removed to hospital and 4 died. Sixty-seven of the cases occurred in persons forty-five years of age and over.

Enteric Fever.

No case was notified during 1936. Since 1926 only 22 cases have occurred in the Borough, of which 7 were fatal.

Cerebro-Spinal Meningitis.

During the year 12 cases were notified, and 9 deaths were registered as due to the disease.

Poliomyelitis.

One case was notified during the year, and 1 case which was not notified died.

Encephalitis Lethargica.

One case was notified during the year, and 6 deaths were registered as due to the disease. These were old cases which had been notified in previous years.

Pneumonia (Acute Primary and Influenzal).

There were 114 cases of acute primary pneumonia and 9 cases of acute influenzal pneumonia notified during the year.

The deaths registered in 1936 from all forms of pneumonia numbered 112.

Influenza.

There was comparatively little influenza in the Borough during 1936. During the year 27 deaths were attributed to this disease, compared with 20 in the preceding year.

Measles and Whooping Cough.

These diseases are not notified locally. During the year there were 13 deaths from measles and 16 deaths from whooping cough. Many of these cases should be nursed in hospital, and as a consequence the incidence of complications and resultant ill health would be reduced.

In the early part of the year measles was prevalent, especially in the Infant Departments. Measles serum was not used for prophylaxis or attenuation of the disease.

Other Diseases.

No cases of anthrax, epidemic jaundice, undulant fever or psittacosis were brought to the notice of the Health Department during the year.

Westhulme Hospital.

During the year 867 patients were treated, as compared with 1,006 in 1935. Seventy-five were under treatment on January 1st, 1936, and 792 were admitted during the year under review.

The admissions were made up as follows:—

	Diphtheria	Scarlet Fever	Cerebro Sp. Fever	Tuberculosis	Others
Oldham	292	146	4	110	37
Chadderton ...	26	23	1	—	4
Royton	22	7	—	—	2
Crompton & Shaw	8	20	—	—	2
Ashton-under-Lyne	1	—	—	—	—
Limehurst	2	1	—	—	—
Springhead ...	1	—	—	—	—
Failsworth	5	31	—	—	1
Other Authorities ...	15	4	—	—	27
Totals	372	232	5	110	73

During the year several reports were presented to the Health Committee drawing attention to the inadequacy of the present accommodation, both for patients and staff. The Committee fully appreciated the urgent need for extensions, but before committing themselves felt it advisable to approach the neighbouring authorities to ascertain their views with regard to the arrangements they were contemplating for the treatment of their own cases of infectious disease, and whether they would enter into a more definite arrangement for their treatment at Westhulme. As a result of certain observations from the representatives of these districts, a scheme of extensions was prepared and submitted to the following neighbouring authorities, Saddleworth U.D.C., Springhead U.D.C., Mossley, Middleton, Chadderton U.D.C., Royton U.D.C., Crompton U.D.C., Failsworth U.D.C., Ashton-under-Lyne, Limehurst R.D.C. and Lees U.D.C., for their views and to form a basis for further detailed discussion. However, up to the present nothing further has developed. It is unfortunate that a decision cannot be reached quickly, as very urgent extensions to the kitchen and maids' quarters are held up. There is also a pressing need for a modern cubicle isolation ward.

During the year the scarlet fever ward was completely decorated inside and out. The old lavatory fittings and sluices were removed and replaced by modern types. New fireplaces were put in and the kitchen

modernised entirely. The old entrance was bricked up and a new covered one made. New beds of the single wheeling type replaced those that had seen better days. All these changes were very necessary, and will have a beneficial effect on the work of the staff and hasten the recovery of the patients.

Disinfection.

The rooms of houses in which infectious diseases have occurred are disinfected by means of the formaldehyde spray or sulphur fumigation. Clothing, bedding, etc., are, where necessary, removed to the Disinfecting and Cleansing Station for steam disinfection.

There is a steam disinfector, two removal vans and baths at the Disinfecting and Cleansing Station. There is also a disinfecting plant at Westhulme Hospital and one at the Westwood Park Institution.

Owing to the additional disinfection of clothing and bedding from the Municipal Hospital and the Maternity Home, and the disinfection of houses and bedding in connection with slum clearance, the work at the central depot has increased considerably, and has at times entailed a great deal of overtime on the part of the disinfectors.

The following table shows the number of articles disinfected or destroyed during the year by the staff of the Disinfecting Station:—

Articles			Disinfected		Destroyed	
			1935	1936	1935	1936
Blankets	...	...	2,365	3,580	37	33
Sheets	...	...	1,804	2,602	28	37
Pillows	...	...	3,595	4,103	84	122
Bolsters	...	...	1,231	1,447	134	41
Quilts	...	...	1,540	2,297	38	22
Mattresses	...	...	13	60	30	76
Beds	...	...	2,277	2,982	86	141
Carpets	...	...	7	246	134	12
Rugs	...	...	33	473	3	—
Curtains	...	...	14	1,247	2	—
Clothes	...	...	3,980	6,533	222	271
Sundry Articles	...	...	1,399	4,699	464	330
TOTAL			18,258	30,269	1,262	1,085

1935—Total Houses Disinfected	...	1,137
Total Rooms Disinfected	...	8,742
1936—Total Houses Disinfected	...	771
Total Rooms Disinfected	...	2,741

Cancer.

The number of deaths attributed to cancer shows no appreciable difference from the previous year.

The figures for the previous five years are as follows:—

1931	...	...	...	...	217
1932	...	...	...	...	235
1933	...	...	...	...	207
1934	...	...	...	...	215
1935	...	...	...	...	247
1936	...	...	...	...	252

The following is an analysis of the age and sex distribution of all persons who were certified as dying from cancer during the year:—

Ages	Males	Females	Total
0-15	2	1	3
15-25	—	—	—
25-35	2	3	5
35-45	6	7	13
45-55	12	23	35
55-65	46	47	93
65-75	35	41	76
75-	14	17	31

Localisation of the Disease.

Bucaal Cavity	...	{	Tongue	...	...	8
			Jaw	...	...	3
			Mouth	...	...	2
			Other Sites	...	...	1
Digestive Tract	....	{	Oesophagus	...	...	12
			Stomach	...	...	48
			Intestine	...	...	27
			Rectum	...	...	21
			Liver	...	...	14
			Gall Bladder & Duct	...	...	—
			Pancreas	...	...	5
Respiratory Organs	...	{	Larynx	...	...	2
			Lung	...	...	10
			Other	...	...	—
Male Genito-Urinary	...	{	Kidney	...	...	3
			Bladder	...	...	—
			Prostate	...	...	4
			Scrotum	...	...	3

Female Genital Organs	{	Uterus	...	...	24
		Ovary	...	...	6
		Vulva	...	...	2
		Testes	...	...	—
Breast	...	...	...	...	26
Skin	...	...	...	...	2
Other & Unspecified	...	...	...	...	33

The following facilities are available for the diagnosis and treatment:—

At the Municipal Hospital :

X-ray facilities exist for diagnosis, and also a plant is available for treatment. There is an arrangement with the Christie Hospital and Holt Radium Institute, Manchester, for the examination and treatment of cases of cancer.

At the Oldham Royal Infirmary :

- (1) Facilities exist for X-ray diagnosis and treatment;
- (2) There is co-operation with the Manchester and District Radium Institute, and the Director of the Radium Institute or his duly qualified assistant attend at the special clinic held in the Out-patient Department at the Royal Infirmary on the third Wednesday morning in each month. Patients found at this examination to be suitable for treatment are treated as follows:—
 - a. If requiring treatment by radium only, they are admitted to the Christie Hospital and Holt Radium Institute;
 - b. If the treatment requires collaboration between the Surgeon and the Radium Therapist, the cases are admitted to this Infirmary and treated at some time convenient to both parties.

The treatment in every case, whether at the Radium Institute or at the Infirmary, is administered and/or supervised by the Director of the Radium Institute or his duly qualified assistant.

Cases which have been treated either in the Radium Institute or in this Infirmary are re-examined after treatment at suitable intervals in the Infirmary at the monthly clinic.

Under this scheme, radium is forwarded by the Radium Institute to the Infirmary free of charge, up to an average of 200 milligrams per month.

The Infirmary is responsible for the conveyance of patients requiring treatment from the Infirmary to the Radium Institute.

Prevention of Blindness.

The Blind Persons Acts are administered by the Blind Persons Acts Sub-committee of the Education Committee, on which are co-opted representatives of the Public Assistance Committee and the voluntary societies in the area connected with the blind. No action was taken under Section 66 of the Public Health Act, 1925, for the prevention of blindness, or for the treatment of persons suffering from any disease or injury of the eye.

Table showing Cases of Infectious Disease notified during the year 1936.

NOTIFIABLE DISEASE	NOTIFICATIONS IN AGE GROUPS							NOTIFICATIONS IN THE VARIOUS WARDS OF THE BOROUGH												
	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	St. Mary's	St. Peter's	Werneth	Westwood	St. Paul's	Coldhurst	Hartford	Hollinwood	Clarksfield	Mumps	St. James'	Waterhead	
Smallpox ...	—	—	1	1	4	2	—	—	—	—	—	—	1	7	—	—	—	—	—	—
Cholera—Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Croup) ...	21	41	199	29	18	2	—	22	20	11	72	22	20	16	37	17	10	17	46	—
Erysipelas ...	1	—	4	5	21	42	15	4	4	7	23	8	3	10	7	13	5	4	—	—
Scarlet Fever ...	2	46	105	20	12	2	—	28	7	6	13	17	7	16	22	23	14	16	18	—
Typhus Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	—	—	—	1	3	—	—	—	—	—	2	—	—	—	—	2	—	—	—	—
Puerperal Pyrexia	—	—	—	14	33	—	—	—	—	1	31	—	—	1	—	13	—	1	—	—
Cerebro-Spinal	2	2	4	1	2	1	—	2	—	2	—	—	—	5	1	1	1	—	—	—
Meningitis ...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Polionymyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia	18	—	—	—	—	—	—	—	—	1	5	1	—	—	5	3	2	1	—	—
Neonatorium ...	—	—	—	30	39	30	1	8	5	10	8	9	8	11	6	13	5	9	8	—
Respiratory Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Forms of Tuberculosis ...	2	2	16	7	9	1	—	3	1	4	4	4	2	5	4	3	—	3	4	—
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Influenzal Pneumonia ...	1	—	—	1	6	1	—	—	—	2	3	1	—	—	2	1	—	—	—	—
Acute Primary Pneumonia ...	2	12	14	12	36	27	11	4	5	8	36	5	6	8	12	10	6	5	9	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lethargica ...	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Acute Polio-Encephalitis.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	49	104	343	122	183	108	27	71	42	52	197	67	47	79	97	99	43	57	85	—

Table showing the Number of Cases of Certain Diseases notified, and the Deaths Registered from these Diseases during the several months of the year.

MONTHS.	SMALLPOX		SCARLET FEVER		DIPH- THERIA		TYPHOID FEVER		PUER- PERAL FEVER		PUER- PERAL PYREXIA		CEREBRO- SPINAL M'NINGITIS		ACUTE POLIOMYE- LITIS		ENCEPHA- LITIS L'TH'RICA		ERY- SIPELAS		ACUTE PRIMARY PNEU- MONIA		ACUTE INFLU- ENZAL PNEU- MONIA		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	
January ...	...	...	47	1	28	5	...	...	1	...	...	...	1	...	1	...	...	1	11	...	16	7	2	...
February	...	...	20	...	21	4	...	...	...	...	6	...	2	1	...	...	1	1	10	1	9	7	...	
March .....	...	...	13	...	19	...	...	...	...	...	8	...	...	1	...	...	1	1	11	1	16	8	...	
April .....	...	...	12	...	37	1	...	...	...	...	4	...	2	1	...	...	...	...	16	...	11	7	2	...
May .....	...	...	16	...	28	...	...	...	...	...	...	...	1	...	...	...	...	...	12	...	16	7	...	
June .....	...	...	15	...	12	3	...	...	...	...	4	...	1	1	...	...	...	...	6	1	8	9	1	...
July .....	...	...	14	...	13	...	...	...	...	...	5	...	...	1	...	...	1	...	2	...	7	4	1	...
August ...	...	...	10	...	47	1	...	1	...	...	2	...	...	1	...	...	...	...	6	...	5	4	...	...
September	...	...	6	...	24	2	...	...	1	...	8	...	1	...	...	...	...	...	1	...	1	3	...	...
October ...	...	...	11	...	41	3	...	...	...	...	2	...	2	1	...	...	...	...	5	...	9	9	...	...
November	1	...	16	...	24	1	1	...	2	1	5	...	6	6	3	1	...
December	7	...	7	1	21	3	...	...	...	...	6	...	2	1	...	...	...	1	3	1	10	9	...	...
Totals ...	8	...	187	2	310	23	...	...	4	2	47	...	12	9	1	1	1	6	88	4	114	80	9	3

Table showing the number of Cases of Certain Diseases notified to the Medical Officer of Health during the years 1904 to 1936.

Year	Small-pox	Scarlet Fever	Diphtheria	Typhoid Fever	Puerperal Fever	Total Cases
1904	255	638	158	76	19	1,146
1905	281	969	98	62	15	1,425
1906	455	794	92	31	16	1,388
1907	—	522	69	22	8	621
1908	—	597	89	39	21	746
1909	—	522	62	35	16	635
1910	2	217	50	24	14	307
1911	1	447	87	20	19	574
1912	—	366	49	18	10	443
1913	8	922	91	12	13	1,046
1914	4	1,265	164	18	9	1,460
1915	22	530	86	11	10	659
1916	1	149	142	5	9	306
1917	—	129	51	5	11	196
1918	—	141	55	17	6	219
1919	—	436	118	5	14	573
1920	4	434	152	3	16	609
1921	4	725	106	10	12	857
1922	50	610	89	5	15	769
1923	—	244	59	3*	9‡	315
1924	—	142	80	3	7	232
1925	—	410	133	7	9	559
1926	10	326	140	1	16†	493
1927	19	188	205	3	22†	437
1928	31	279	288	1	31†	630
1929	18	668	221	6	32†	945
1930	32	712	168	—	34†	946
1931	—	272	88	8	28†	396
1932	—	209	50	2	20†	281
1933	—	407	135	—	30†	573
1934	—	342	195	2	31†	570
1935	—	588	218	—	24†	830
1936	8	187	310	—	51†	556

* Including one case notified by Manchester Health Department.

‡ Including one case admitted into Oldham Union from Royton when already suffering from Puerperal Fever.

† Including Puerperal Pyrexia.

Table showing the number of Deaths from the Principal Zymotic Diseases in the Borough of Oldham during the years 1900 to 1936.

Year	Population	Smallpox	Measles	Scarlet Fever	Diphtheria	Whooping Cough	Typhoid Fever	Diarrhoea	Total Deaths
1900	136,797	3	108	54	20	89	17	76	367
1901	137,382	...	73	41	13	30	9	171	337
1902	138,091	7	103	39	49	29	13	42	282
1903	138,786	23	43	30	58	111	12	47	324
1904	139,497	14	70	22	34	37	22	117	316
1905	140,225	5	65	45	11	57	12	98	293
1906	140,969	...	125	33	17	41	6	175	397
1907	141,730	...	35	17	17	66	4	78	217
1908	142,507	...	82	28	23	54	12	174	373
1909	143,301	...	43	16	14	15	12	54	159
1910	146,700	...	84	4	9	77	10	80	264
1911	147,751	...	64	5	11	13	3	260	356
1912	148,840	...	65	7	12	65	...	52	201
1913	149,936	...	38	19	19	36	3	104	219
1914	151,044	...	169	48	39	56	5	69	386
1915	141,781*	...	48	17	20	15	4	49	153
1916	136,126*	...	29	3	30	48	2	32	144
1917	133,721	...	73	3	6	4	4	25	115
1918	149,285	...	34	7	10	71	7	5	134
1919	.....	...	25	13	21	5	5	17	86
1920	143,154	...	6	6	15	17	1	12	57
1921	148,300	...	2	7	9	34	3	15	70
1922	148,300	...	70	8	11	9	3	10	111
1923	148,300	...	12	5	10	46	1	6	80
1924	147,300	...	24	2	3	13	1	5	48
1925	146,200	...	37	7	16	6	5	10	81
1926	143,000	...	23	4	19	47	2	4	99
1927	141,400	1	7	...	17	6	1	4	36
1928	143,200	...	9	1	35	4	...	21	70
1929	142,500	...	23	2	17	73	2	16	23
1930	142,500	...	21	8	17	2	...	...	148
1931	141,900	...	10	2	2	8	...	15	37
1932	138,900	...	18	...	1	15	1	10	45
1933	136,700	...	3	1	9	3	1	3	20
1934	135,200	...	19	2	25	18	2	...	66
1935	133,300	...	...	1	29	...	...	2	32
1936	131,600	...	13	2	23	16	...	10	64

* Estimated for Deaths.

Section VIII.

TUBERCULOSIS.

The following report has been compiled by Dr. E. Ward, Clinical Tuberculosis Officer.

The facilities available for the prevention and treatment of tuberculosis are:—

- (a) The Dispensary, situated at 25, Barker Street;
- (b) Strinesdale Sanatorium, with 54 beds;
- (c) The Sanatorium Block at Westhulme Hospital, with 30 beds;
- (d) The Municipal Hospital, 15 beds for cases of surgical tuberculosis.

THE DISPENSARY UNIT.

The accommodation provided at 25, Barker Street has for a long time been considered unsuitable as the centre of the anti-tuberculosis services of the Borough. The house is situated on a main road and is very noisy. The rooms are ill adapted to their various uses; there is no provision for a treatment room, and the premises are in need of internal decoration. The question of the transfer of the Dispensary to new premises, preferably part of a new Health Centre, is worthy of urgent consideration.

The Dispensary sessions are held on Tuesday and Thursday mornings of each week. There is also an evening session once monthly, for patients who are at work during the day time, and a monthly session at the Isabella Greenhalgh Orthopædic Institute, Gainsborough Avenue, when cases of surgical tuberculosis are seen by the Orthopædic Surgeon.

Good co-operation exists between the Department and the local practitioners. New patients are only seen at the Dispensary on the recommendations of their own medical adviser.

During the year 279 new patients attended the Dispensary for the opinion of the Clinical Tuberculosis Officer; of these, 73 were found to be suffering from tuberculosis and 206 were non-tubercular.

Of the 134 new cases of tuberculosis accepted during the year, 73 (54.5 per cent.) were seen by the Clinical Tuberculosis Officer before notification.

The examination of house contacts has continued as in previous years. Unfortunately, young adults and elderly parents are particularly reluctant to attend the Dispensary. During the year 123 contacts were examined, as against 112 in 1935. Of these, four were ultimately diagnosed as definite cases of tuberculosis.

Dispensary Attendances.

	1934	1935	1936
Insured Persons and Ex-Service Men ...	1,610	1,624	1,582
Non-Insured Persons	335	308	466
Children	816	859	846
Totals ...	<u>2,761</u>	<u>2,791</u>	<u>2,894</u>

It will be seen from the above figures that although the number of new cases (134) is the lowest on record, the number of new patients referred to the Clinical Tuberculosis Officer, and the number of attendances at the Dispensary, both show an increase on the previous year.

Invaluable work was done by the Tuberculosis Nurse, who paid no less than 782 visits to the homes of Tubercular patients.

X-Ray Work.

All radiological work in connection with the Anti-Tuberculosis service is now done at the Municipal Hospital. This arrangement is quite satisfactory as far as the Dispensary and Westhulme Hospital are concerned, but further comment on the arrangement with regard to Strinesdale Sanatorium will be found in another section of this report.

During the year under review 481 films were taken. This compares with 374 films taken in 1935.

An efficient X-ray examination is of vital importance in the diagnosis of early Tuberculosis. All new notified cases of Pulmonary Tuberculosis, all chest cases sent for the opinion of the Clinical Tuberculosis Officer, and all "contacts" with suspicious signs or symptoms or a heavy family history are given a radiological examination.

As in previous years the Honorary Physician in charge of the X-Ray Department of the Oldham Royal Infirmary has kindly lent us any films taken in his department of patients who later were referred to the Clinical Tuberculosis Officer for an opinion. This kindness saves us considerable time and expense. During the year, 41 films were borrowed, and I should like to express my deep appreciation to him for his kind co-operation.

Sputum Examinations.

As in previous years all sputum examinations, both from the Dispensary and the Institutions, have been carried out at the Laboratory at the Health Office. During the year, 979 specimens were examined. Of these 301 were Positive, and 678 were Negative for Tubercle Bacilli.

Other Dispensary Activities.

Propaganda work is carried out by all members of the service wherever possible. Informative leaflets published by the National Association for the Prevention of Tuberculosis are distributed at the Dispensary. During Civic Week, held in October, many exhibits relating to tuberculosis were shown on the Public Health stand, and Dr. Harley Williams, the Medical Commissioner for the National Association for the Prevention of Tuberculosis, gave an interesting illustrated lecture on "Tuberculosis; Its Cause, Prevention and Cure."

Unfortunately, no voluntary "After-Care Committee" exists in the Borough, but patients are assisted and advised whenever possible by the staff. Arrangements are made for the necessitous tubercular patients to receive, on the recommendation of the Clinical Tuberculosis Officer, one pint of milk daily. During the year, milk was granted to 111 patients.

Ultra Violet Radiation treatment is given to suitable tubercular patients at the Isabella Greenhalgh Orthopaedic Institute.

The work of the Dispensary is greatly facilitated by the valuable co-operation and service of the Tuberculosis Nurse and Clerk.

INCIDENCE OF TUBERCULOSIS.

The Dispensary Register.

The total number of notified cases on the register of the Dispensary on the 31st December, 1936, was 658, as opposed to 753 at the end of the previous year. Of these, 203 were definitely infectious cases, i.e., cases in which tubercle bacilli have been found in the sputum at some period of the illness.

Live Register of Tubercular Patients.

	PULMONARY			NON-PULMONARY			TOTAL		
	Male	F'male	Total	Male	F'male	Total	Male	F'male	Total
No. on Register on 31/12/35 ...	279	180	459	144	150	294	423	330	753
Cases previously removed, re- turning during 1936 ...	2	5	7	1	3	4	3	8	11
New cases placed on Register during 1936 ...	57	32	89	22	13	35	79	45	124
Cases removed during 1936 ...	84	47	131	46	53	99	130	100	230
No. on Register on 31/12/36 ...	254	170	424	121	113	234	375	283	658

For various reasons it is not possible to place all cases coming to the notice of the Tuberculosis Officer on the Dispensary Register.

During 1936 ten such cases, five pulmonary and five non-pulmonary, were noted.

Removals from the Dispensary Register.

A study of the removals from the register is very instructive. During the year 230 patients were removed for the following reasons:—

1. Recovery	98	or 42.6 per cent. of total removals
2. Removal out of district	25	} 27.8 per cent. of total removals
3. Not desiring further attention	21	
4. Lost sight of	15	
5. Diagnosis not being confirmed	3	
6. Death	68	or 29.6 per cent. of total removals

Of the 98 "recovered" cases, 41 were pulmonary—38, or 93 per cent., being Tb. minus cases, and three, or 7 per cent., Tb. plus I cases. None belonged to the groups Tb. plus II or Tb. plus III. When one remembers that only 27.7 per cent. of this year's new cases belong to the groups in which "recovered" patients have occurred during the year—that is, groups Tb. minus and Tb. plus I—one realises the difficulties of the treatment of tuberculosis and the great importance of early diagnosis. The success of an Anti-Tuberculosis Scheme depends on the detection and treatment of early cases, and the isolation of the more advanced cases to prevent infection of others. The term "recovered," from the point of view of the Dispensary Register, does not mean that the patient is cured in the ordinary sense of the word. It merely means that the patient is no longer infectious and that the tubercular process is healed, although the patient may be left with severe deformity. For instance, a patient's knee or hip joint may be incapable of any movement, or a pulmonary patient may be incapable of work owing to shortness of breath, yet both may be considered "recovered."

Further details of the "recovered" cases removed during 1936 are given below:—

Non-Pulmonary	With no disability	With slight disability or deformity	With marked disability or deformity
Peripheral Glands ...	18	5	—
Bones and Joints ...	9	4	2
Abdominal ...	18	—	—
Other organs ...	—	1	—
Pulmonary			
Minus ...	28	8	2
Plus I ...	3	—	—

Of the 68 deaths, 54 were pulmonary cases, and their distribution in the various groups was as follows:—

Tb. Minus	8 cases	14.8 per cent. of total pulmonary deaths
Tb. Plus I	4 "	7.4 " " "
Tb. Plus II	23 "	42.6 " " "
Tb. Plus III	19 "	35.2 " " "

The 14 non-pulmonary deaths are analysed in another section.

PULMONARY TUBERCULOSIS.

New Cases.

During 1936, 94 new cases were accepted, 90 being placed on the Dispensary Register. These were found to be in the undermentioned stages of the disease on the first examination:—

T.B. Minus (sputum negative or absent)	...	...	...	24
T.B. Plus I (early cases, sputum positive)	...	...	...	1
T.B. Plus II (intermediate cases, sputum positive)	...	...	...	46
T.B. Plus III (advanced cases, sputum positive)	...	...	...	19

It will be seen from the above figures that in 72 per cent. of these cases the disease was well advanced, and the prospects of a permanent cure are remote. All that one can hope for in these cases is a temporary improvement. Of these 90 new cases, 25 died before the end of the year under review.

Careful enquiry into the history of the new cases elicited the following facts:—

1. 32 (35 per cent.) had been attended by their doctor for three or more months when examined by the Clinical Tuberculosis Officer;
2. 40 (44 per cent.) had felt ill for one or more months before consulting a doctor;
3. In 28 cases (31 per cent.) a near relative had suffered from the disease.

These figures show little, if any, improvement on those obtained after a similar enquiry last year.

We can only improve this state of affairs by intensive and persistent education of the public. By such methods we will gain the confidence of the patient and overcome prejudice.

It is pleasing to note the increasing use of the facilities available to local practitioners for special examinations and consultations.

In 77 (85 per cent.) of the new cases, special examinations (sputum or X-ray) or consultations with the Clinical Tuberculosis Officer were made, either at the Dispensary, the Municipal Hospital, the Royal Infirmary or at the home of the patient, prior to notification.

Deaths.

During the year, 58 patients died from pulmonary tuberculosis. Of this number, 17 had been notified to the Tuberculosis Officer as suffering from pulmonary tuberculosis more than a year prior to the date of death. Of the remainder, three escaped statutory notification, being certified in the Registrar's returns as dying from pulmonary tuberculosis. The following table shows the length of time between notification and death of the remaining 38:—

Under 1 week	...	...	...	5
1 to 4 weeks	...	...	...	5
1 to 2 months	...	...	...	8
2 to 3 months	...	...	...	5
3 to 6 months	...	...	...	4
6 to 9 months	...	...	...	4
9 to 12 months	...	...	...	7

NON-PULMONARY TUBERCULOSIS.

New Cases.

The number of new cases accepted during the year was 40, 35 of which were placed on the Dispensary Register, compared with 50 and 44 in 1935. The steady decrease in the incidence of this form of tuberculosis can be seen from the following table:—

Average number of new cases per year for the period 1920-24	83
Average number of new cases per year for the period 1925-29	75
Average number of new cases per year for the period 1930-34	67
Number of new cases for the year 1935	50
Number of new cases for the year 1936	40

The location of the disease in the new cases in 1936, compared with those of the previous year, is shown below:—

	1935	1936
Bones and Joints	9	8
Abdominal	14	15
Other Organs	13	7
Peripheral Glands	14	9
Skin	—	1

The number of non-pulmonary cases notified to the Tuberculosis Officer, unfortunately, cannot be regarded as a true index of the incidence of this form of the disease. Amongst the patients referred for examination for other purposes, one frequently meets patients with healed tubercular adenitis or other form of non-pulmonary tuberculosis who have never been notified to the Tuberculosis Officer. Some authorities state that the actual number of non-pulmonary cases is in the region of three times the notified number.

A large proportion of these non-pulmonary cases throughout the country are bovine in origin. That is, they are caused by the ingestion of meat or milk from tubercular cows. Reference to the table in the section on Inspection and Supervision of Food shows that, of 75 samples of milk (41 from farms in, and 34 from farms out of the Borough) examined for tuberculosis, five (two from Oldham farms and three from other farms) were found to contain tubercle bacilli. During the past five years the percentage of "positive" samples has varied between 2.6 per cent. and 10 per cent.

A considerable proportion of the milk supplied in the Schools, at the Welfare Centres and at the Dispensary is neither tuberculin tested nor pasteurised, and it does appear desirable that some restriction should be placed on the supply where the officers of the authority cannot exercise complete control over the source and method of distribution.

Deaths.

During the year there were 16 deaths from this form of the disease, as against 15 in 1935. Of these, eight were children under 10 years of age.

In addition, three cases died from other causes.

The following table gives particulars of the number of deaths over a period of years:—

Average number of deaths per year for the period 1915-19	...	54
Average number of deaths per year for the period 1920-24	...	46
Average number of deaths per year for the period 1925-29	...	29
Average number of deaths per year for the period 1930-34	...	23
Number of deaths in the year 1935	...	15
Number of deaths in the year 1936	...	16

Of this year's deaths, nine occurred in our own Hospitals, two in local Infirmarys and five at home, the classification being:—

Abdominal	...	5
Meningitis	...	4
Bones and Joints—		
Spine	...	2
Hip	...	2
Knee	...	1
Uro-Genitary	...	2

Of these 16 deaths, two escaped statutory notification, both being cases of meningitis.

Investigation of the remaining cases revealed the following facts:—

1. In two cases there was a history of contact infection. In each case a near relative, the father in one case and a sister in the other, had died of pulmonary tuberculosis. One of the patients, a youth of 18 years, contracted the pulmonary form of the disease at the age of nine years, but later recovered sufficiently to be removed from the register. About a year later he developed abdominal symptoms and died in Westhulme Hospital. The other patient was a man of 45 years who had had his left kidney removed for tubercular disease at a Manchester Hospital 4 years prior to his death.

2. The two cases of Meningitis were of the rapid type. One of them was notified on the day of death and the other two days before death.

3. Of the abdominal cases, one died within a month of notification; another within two months; two within six months; and the other case, a child of 4 years, 13 months after, almost the whole of which time was spent in a Sanatorium.

4. Neither of the two Genito-urinary cases attended the Dispensary, their treatment being arranged privately.

5. Of the Bone and Joint cases, two had been under the care of the Anti-Tuberculosis Service for over 5 years, but had gradually retrogressed. Another developed a terminal tubercular meningitis in Hospital; another died in the Municipal Hospital after being an in-patient there for over 2½ years; and in the last case the disease was of over 40 years standing.

The following is a summary of the new cases and deaths during the year.

New Cases					Deaths			
Age Periods	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0 to 1	—	—	2	—	—	—	2	—
1 to 5	—	—	—	1	—	—	—	2
5 to 10	—	—	10	1	—	—	3	1
10 to 15	2	—	3	4	—	—	1	—
15 to 20	4	8	1	3	2	3	2	—
20 to 25	6	8	2	2	2	4	—	—
25 to 35	12	7	4	3	8	5	2	1
35 to 45	12	4	2	1	7	5	1	—
45 to 55	14	4	1	—	8	3	1	—
55 to 65	8	2	—	—	7	2	—	—
65 and upwards	3	—	—	—	2	—	—	—
TOTALS ...	61	33	25	15	36	22	12	4
1936	94		40		58		16	
1935	100		50		93		15	

The following list gives a summary of the principal occupations of new cases and deaths:—

New Cases			Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
Cotton Operatives ...	40	12	20	3
Iron Workers ...	4	—	1	1
Textile Machinery Workers	6	1	5	—
Labourers ...	7	—	8	—
Shop Assistants ...	2	2	3	1
Household Duties ...	15	—	11	1
Other Occupations ...	14	4	8	1
No Occupation ...	5	3	2	1
School Children ...	1	15	—	5
Children under School Age	—	3	—	3
Totals	94	40	58	16

Deaths from Tuberculosis.

The following tabulation shows the decrease in the number of deaths from tuberculosis since the adoption of a scheme in the year 1914. The average for the previous five years was 250 deaths per annum.

Year		Pulmonary		Non-Pulmonary		Total		Rate per 1,000 Population
1915	...	203	...	64	...	267	...	1.8
1916	...	203	...	53	...	256	...	1.8
1917	...	178	...	52	...	230	...	1.7
1918	...	160	...	59	...	219	...	1.5
1919	...	130	...	42	...	172	...	1.4
Average	...	175	...	54	...	229	...	1.6
1920	...	156	...	40	...	196	...	1.3
1921	...	122	...	34	...	156	...	1.0
1922	...	142	...	53	...	195	...	1.3
1923	...	127	...	53	...	180	...	1.2
1924	...	126	...	51	...	177	...	1.2
Average	...	135	...	46	...	181	...	1.2
1925	...	121	...	29	...	150	...	1.0
1926	...	112	...	47	...	159	...	1.1
1927	...	104	...	22	...	126	...	0.8
1928	...	115	...	24	...	139	...	0.9
1929	...	144	...	24	...	168	...	1.1
Average	...	119	...	29	...	148	...	1.0
1930	...	103	...	36	...	139	...	0.9
1931	...	108	...	25	...	133	...	0.9
1932	...	104	...	19	...	123	...	0.8
1933	...	87	...	22	...	109	...	0.79
1934	...	97	...	11	...	108	...	0.80
Average	...	100	...	22	...	122	...	0.84
1935	...	93	...	15	...	108	...	0.81
1936	...	58	...	16	...	74	...	0.56

STRINESDALE SANATORIUM.

Strinesdale is essentially designed as a sanatorium and not as a hospital. It is, therefore, an unsuitable institution for patients confined to bed for long periods. Such patients are better accommodated in the Sanatorium Block at Westhulme Hospital. The ideal procedure would be to admit almost all patients to Westhulme Hospital, and to transfer them to Strinesdale when they become ambulant.

The new staff and administration block, together with the new day rooms, have now been in use about eighteen months. The increased accommodation has relieved the pressure on the beds, and patients can now usually be admitted without undue delay. Although the recent additions have considerably improved the efficiency of the Sanatorium, the work of the institution is still seriously handicapped by the lack of a treatment room and an X-ray apparatus.

At present all X-ray examinations of patients resident at Strinesdale have to be carried out at the Municipal Hospital. Collapse therapy necessitates frequent X-ray examinations in order to be conducted satisfactorily. The absence of an X-ray plant at Strinesdale causes an X-ray examination to entail an ambulance journey of about 18 miles (Westhulme to Strinesdale, Strinesdale to the Municipal Hospital, the Municipal Hospital back to Strinesdale, Strinesdale to Westhulme). This is both wasteful and very inconvenient. The provision of an efficient X-ray plant is, therefore, an urgent necessity.

With regard to the treatment room, although major surgical operations for pulmonary tuberculosis are a rarity, it is desirable that a suitable room should be provided in which artificial pneumothorax and other forms of special treatment can be carried out.

The appointment of a Consultant Thoracic Surgeon would be of great benefit to the anti-tuberculosis scheme of the Borough.

During the year there were 125 admissions to Strinesdale. Of these, 96 were new cases and 29 old cases who had previously been in Sanatoria. Treatment follows the usual sanatorium routine, and includes prolonged bed rest under open-air conditions, followed by limited and graduated exercise. At all times there is a sufficiency of nourishing food.

Special treatment, including artificial pneumothorax and sanocrysin, is offered to suitable patients. During the year an artificial pneumothorax was induced in three patients. Another patient who had previously been induced continued to have refills as an out-patient.

Sanocrysin was given to four patients during the year. Two of these patients continued the treatment as out-patients after discharge. Details of the special treatment given are as follows:—

Artificial Pneumothorax.

Inductions	...	...	...	...	3
Refills	...	...	...	...	31

Sanocrysin.

Patients treated	...	...	...	4
Injections given	...	...	...	69

Sputum examinations are carried out at frequent regular intervals. It is disappointing to report that of 34 new cases discharged during the year whose sputum had been "positive" on admission, only six had become "negative." Similarly, of 10 re-admissions discharged, none had become "negative."

The following figures give some indication of the activities of the institution during the year, compared with 1935:—

Admissions.				1935	1936
A.	Definite Cases of Tuberculosis	...	...	92	82
B.	Observation Cases	...	...	24	43
Deaths.					
A.	Definite Cases of Tuberculosis	...	...	7	7
B.	Observation and Non-Tubercular Cases	...	...	1	—

Discharges.					1935	1936
Transfers to Westhulme	...	...	...	...	3	6
Transfers to the Municipal Hospital	...	...	...	...	3	2
Other Discharges	...	...	...	...	90	107

Condition of Patients on Discharge.

Observation Cases proved to be Non-Tubercular	...	...	...	...	16	32
Observation Cases proved to be Tubercular	...	...	...	...	5	6
Disease Quiescent	...	...	...	...	6	3
Improved	...	...	...	...	62	68
No Material Improvement	...	...	...	...	7	6

WESTHULME HOSPITAL.

The Sanatorium Block at this Hospital provides accommodation for 30 patients. At one time the Westhulme Sanatorium had a bad reputation amongst patients, and admission there was considered a sentence of death. This idea has now been eradicated, and it is becoming increasingly recognised that Westhulme fills an important place in the Anti-Tuberculosis Service and that it is a more suitable place for the treatment of some patients than is Strinesdale.

As far as possible, all patients who are bedfast when first seen by the Clinical Tuberculosis Officer are admitted to Westhulme for a period of bed rest, and are transferred to Strinesdale when they have improved sufficiently to be no longer bedfast.

Some of the special treatment given to out-patients has been carried out at Westhulme. The following figures give some indication of the activities of the Sanatorium Block during the year, as compared with 1935:—

Admissions.					1935	1936
A. Definite Cases of Tuberculosis	...	...	...	...	111	85
B. Observation Cases	...	...	...	...	31	25

Deaths.

A. Definite Cases of Tuberculosis	...	...	...	...	31	27
B. Observation and Non-Tubercular Cases	...	...	...	...	1	2

Discharges.

Transferred to Strinesdale	...	...	...	...	35	23
Transferred to the Municipal Hospital	...	...	...	...	5	11
Other Discharges	...	...	...	...	62	55

Condition of Patients on Discharge.

Observation Cases proved to be Non-Tubercular	...	...	...	...	23	24
Observation Cases proved to be Tubercular	...	...	...	...	4	3
Disease Quiescent	...	...	...	...	5	2
Improved	...	...	...	...	55	48
No Material Improvement	...	...	...	...	15	12

THE MUNICIPAL HOSPITAL.

This is a general hospital, but beds are reserved for the treatment of non-pulmonary cases. Most of the patients recommended for admission by the Clinical Tuberculosis Officer are suffering from bone or joint disease and are under the care of Mr. Poston, the Orthopædic Surgeon, who attends regularly for operations and consultations. The patients are usually first seen by him at the Orthopædic Clinic or at the Surgical Session of the Dispensary, and continue under his care when discharged from hospital.

The Clinical Tuberculosis Officer visits the hospital fortnightly to see these surgical cases and to consult with the Resident Staff regarding any suspected cases of pulmonary tuberculosis in the Medical Wards. All patients in whom the diagnosis is confirmed are transferred almost immediately to our Sanatoria.

Artificial Sunlight treatment is given at the hospital to suitable cases.

The following figures give some indication of the activities of the hospital with regard to tuberculosis during the year, as compared with 1935:—

Admissions.						1935	1936
A.	Definite Cases of Tuberculosis	...	...	...	...	34	24
B.	Observation Cases	...	...	...	...	35	30
Deaths.							
A.	Definite Cases of Tuberculosis	...	...	...	...	7	7
B.	Observation and Non-Tubercular Cases	...	...	...	...	4	2
Discharges.							
Transfers to Westhulme—Pulmonary						21	11
Non-Pulmonary						8	6
Transfers to Strinesdale—Pulmonary						3	3
Non-Pulmonary						3	4
Other Discharges						28	24
Condition of Patients on Discharge.							
Observation Cases proved to be Non-Tubercular						13	16
Observation Cases proved to be Tubercular						16	14
Disease Quiescent						2	—
Improved						25	16
No Material Improvement						7	2

The following tables, in the forms prescribed by the Ministry of Health, give further details of the work carried out during the year.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1920.

Part I.—Summary of Notifications during the period from the 1st January, 1936, to the 31st December, 1936, in the area of the County Borough of Oldham.

FORMAL NOTIFICATIONS.														
Age Periods		Number of Primary Notifications of new Cases of Tuberculosis.											Total Notifications	
		0 1	1 5	5 10	10 15	15 20	20 25	25 35	35 45	45 55	55 65	65 and upwards		Total (All Ages)
Pulmonary Males	...	...	...	...	4	9	12	13	15	10	1	64	71
Females	...	...	...	...	10	9	12	9	5	3	...	49	52
Non-Pulmonary Males	...	2	10	3	1	3	4	2	1	...	...	28	30
Females	...	1	...	4	3	1	3	1	...	...	...	13	14
"	

Part II.—Supplemental Return.

New Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by Formal Notification.

Age Periods		0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total
Pulmonary Males	...	...	...	...	...	...	...	1	1	1	...	1	4
Females	...	...	...	...	1	...	...	2	1	...	...	...	4
Non-Pulmonary Males	...	...	...	...	...	...	...	...	...	...	...	...	...
Females	...	1	2	...	...	...	...	1	...	...	...	...	4

SOURCE OF INFORMATION.		No. OF CASES.	
		Pulmonary	Non-Pulmonary
Death Returns { from local Registrars	...	1	1
Posthumous Notifications { transferable deaths from Registrar	...	4	...
"Transfers" from other areas (other than transferable deaths)	...	...	1
Other Sources if any (specify) ...	...	3	2

Part III.—Notification Register.

	PULMONARY			NON-PULMONARY			Total Cases
	Males	Females	Total	Males	Females	Total	
	280	178	458	128	122	250	
Number of Cases of Tuberculosis remaining at the 31st December, 1936, on Register of Notification...							
Number of Cases removed from the Register during the year by reason <i>inter alia</i> of :—							
1. Withdrawal of Notification	6	11	17	5	1	6	23
2. Recovery from the Disease	29	12	41	25	32	57	98
3. Death	40	22	62	11	7	18	80

TREATMENT OF TUBERCULOSIS.

TABLE I. (A) Return showing the work of the Dispensary during the year 1936.

DIAGNOSIS.	PULMONARY.						NON-PULMONARY.						TOTAL.						GRAND TOTAL
	Adults.			Children.			Adults.			Children.			Adults.			Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
A.—NEW CASES examined during the year (excluding contacts):—																			
(a) Definitely tuberculous ...	54	30	—	—	—	—	9	9	10	3	—	63	39	10	3	115			
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	—	9	10	3	7	29			
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	—	—	—	65	88	60	76	289			
B.—CONTACTS examined during the year:—																			
(a) Definitely tuberculous ...	2	2	—	—	—	—	—	—	—	—	—	2	2	—	—	4			
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2			
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	—	—	—	10	11	39	57	117			
C.—CASES written off the Dispensary Register as:—																			
(a) Recovered ...	29	12	—	—	—	—	14	22	11	10	—	43	34	11	10	98			
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	—	—	—	79	105	108	136	428			
D.—NUMBER OF CASES on Dispensary Register on December 31st:—																			
(a) Definitely tuberculous ...	238	158	16	12	—	—	77	87	44	26	—	315	245	60	38	658			
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	—	9	12	3	7	31			

Table I—continued.

1. Number of cases on Dispensary Register on January 1st	777	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	56
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	11	9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	782
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	61	10. Number of :— (a) Specimens of sputum, etc., examined (b) X-ray examinations made in connection with Dispensary work	Plus 148 from Doctors 596 523
4. Cases written off during the year as Dead (all causes)	68	11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above	A(a) 2 A(b) 1
5. Number of attendances at the Dispensary (including Contacts)	2894	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	203
6. Number of Insured Persons under Domiciliary Treatment on the 31st December	51		
7. Number of consultations with medical practitioners :— (a) Personal (b) Other	10 651		

TABLE II.

RESIDENTIAL INSTITUTIONS.

(a) NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS ON THE 31ST DECEMBER, IN INSTITUTIONS BELONGING TO THE COUNCIL.

NAME OF INSTITUTION	For Pulmonary Cases		For Non-Pulmonary Cases		Total
	Adults	Children under 15	Adults	Children under 15	
Strinesdale Sanatorium	48	6	...	...	54
Westhulme Hospital	15	3	9	3	30
Boundary Park Municipal Hospital ... ..	...	...	10	5	15

(b) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION DURING THE YEAR IN INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

			In Institutions on Jan. 1	Admitted during the year	Discharg'd during the year	Died in the Institutions	In Institutions on Dec. 31
Number of doubtfully Tuberculous Cases admitted for Observation	Adults	M.	3	42	40	2	3
		F.	4	28	28	1	3
	Children	.....	6	28	28	1	5
	Total...	.....	13	98	96	4	11
Number of Patients suffering from Pulmonary Tuberculosis	Adults	M.	19	107	75	20	31
		F.	23	44	35	11	21
	Children	.....	2	3	4	0	1
	Total...	.....	44	154	114	31	53
Number of Patients suffering from non-pulmonary Tuberculosis	Adults	M.	8	17	18	3	4
		F.	7	10	12	2	3
	Children	.....	7	15	16	5	1
	Total...	.....	22	42	46	10	8
Grand Total ... ..	...	...	79	294	256	45	72

(c) RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY TUBERCULOUS CASES DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

Diagnosis on Discharge from Observation	For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis						Totals		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	8	3	...	2	...	2	1	...	...	2	1	5	13	4	...
Non-tuberculous ...	4	8	3	6	13	4	...	...	...	2	1	13	12	22	20
Doubtful	6	...	1	5	1	...	4	1	1	2	1	...	17	3	...
Totals	18	11	4	13	14	6	5	1	1	6	3	18	42	29	29

TABLE III.

Return showing the immediate results of treatment of definitely Tuberculous Patients discharged during the Year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institutions.												Grand Totals No.	Grand Totals %
		* Under 3 months, but exceeding 28 days		3-6 months		6-12 months		More than 12 months		Totals					
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Ch.			
Class T.B. minus.	Quiescent	1	...	...	...	1	...	...	...	...	...	1	...	2	6.0
	Improved	12	2	...	2	...	...	...	...	...	...	19	8	29	88.0
	No Material Improvement	...	...	1	...	...	...	...	...	...	...	1	...	1	3.0
	Died in Institution ...	...	1	...	...	...	...	...	...	...	...	...	...	1	3.0
Class T.B. plus. Group I.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved ... ..	...	...	...	1	...	...	...	...	...	...	...	3	...	60.0
	No Material Improvement	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution ...	...	...	1	...	...	1	...	...	...	...	2	...	2	40.0
Class T.B. plus. Group II.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	13	2	...	3	...	...	...	...	...	...	33	14	47	76.0
	No Material Improvement	2	1	...	1	...	2	...	...	...	...	5	3	8	13.0
	Died in Institution ...	2	...	1	1	...	1	...	...	...	...	4	3	7	11.0
Class T.B. plus. Group III.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved ... ..	...	...	...	...	...	...	...	...	...	...	...	1	...	...
	No Material Improvement	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution ...	1	3	...	1	...	...	...	...	...	...	1	4	5	50.0
Totals (Pulmonary)		33	10	1	19	8	1	17	20	1	...	69	38	110	...

PULMONARY TUBERCULOSIS

TABLE III.—continued.

Bones and Joints.	NON-PULMONARY TUBERCULOSIS															Totals (Non-Pulmonary)	...	15	12	18	45	...
	Quiescent ...	Improved ...	No Material Improvement	Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...
Bones and Joints.	...	4	1	2	3	...	1	2	...	5	...	...	...	...	...	...	...	1	9	6	4	...
	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	3	...
	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	5	...
Abdominal.	Quiescent ...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...
	Improved ...	1	...	2	1	1	3	...	...	1	...	...	...	...	...	...	...	...	2	5	9	...
	No Material Improvement	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Other Organs.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved ...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...
	No Material Improvement	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Peripheral Glands.	Quiescent ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
	Improved ...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3	...
	No Material Improvement	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	7	3	8	5	1	6	3	8	1	8	1	3	1	...	3	15	12	18	45	...	...	...

* Patients whose stay in Residential Institutions has not exceeded 28 days are no longer included in this Table.

TABLE IV.—(a) PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the Return relates.	Previous to 1926					1926					1927					1928					1929					1930				
	Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus				
	Class T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
Disease arrested: Adults	28	5	...	...	5	4	...	...	...	...	4	1	...	...	1	1	1	...	...	1	3	1	...	...	2	5	...	...	...	...
F.	10	1	...	...	1	1	...	...	...	1	1	...	...	...	...	1	...	...	...	...	1	...	...	...	1	8	...	...	...	...
Children	8	1	...	...	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13	...	...	...	...	...
Disease not arrested: Adults	5	4	4	...	8	...	...	2	1	3	...	...	2	...	...	...	...	...	...	...	...	1	3	2	...	...	...	...	...	...
F.	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Children	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Condition not ascertained during the year	9	...	...	...	...	3	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	1	...	3	1	4
Total on Dispensary Register at 31st Dec.	56	11	6	...	17	14	...	4	1	5	5	2	3	...	5	10	1	...	...	1	8	2	4	3	9	27	...	7	2	9
Discharged as recovered	73	6	...	...	6	13	1	...	...	1	6	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Adults	45	5	...	...	5	9	...	...	...	...	4	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
F.	24	1	...	...	1	4	...	...	...	...	6	...	...	...	...	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Children	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lost sight of, or otherwise removed from Dispensary Register	415	28	11	2	41	30	3	1	...	4	33	4	3	2	9	33	1	3	3	...	7	13	1	3	...	4	17	2	...	2
DEAD	581	27	25	67	119	26	12	15	7	34	23	3	15	7	25	19	4	18	8	44	15	5	21	18	44	16	...	8	21	29
Adults	313	6	15	53	74	15	4	8	5	17	11	5	9	6	20	17	1	10	6	27	5	1	7	13	21	16	...	3	13	18
F.	81	1	3	...	7	4	1	1	1	3	3	...	1	1	2	2	...	1	...	1	2	...	...	2	2	1	...	...	...	...
Children	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total written off Dispensary Register	1532	74	54	125	253	101	21	25	13	59	86	12	28	16	56	84	6	29	17	52	38	7	31	33	71	42	2	13	34	49
Grand Totals	...	...	60	125	270	115	21	29	14	64	91	14	31	16	61	94	7	29	17	53	46	9	35	36	80	69	2	20	36	58

(b) Not now on Dispensary Register and reasons for removal therefrom.

(a) Remaining on Dispensary Register on 31st Dec.

TABLE IV.—PULMONARY TUBERCULOSIS—continued.

Condition at the time of the last record made during the year to which the Return relates.	1931					1932					1933					1934					1935					1936				
	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				
	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
Disease arrested : Adults M. Children F.	5	1	...	1	5	...	...	...	1	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Disease not arrested : Adults M. Children F.	1	...	2	3	3	1	1	...	2	4	...	...	...	15	2	...	...	14	...	...	...	...	...	...	...	...	...	...
Condition not ascertained during the year	2	1	1	...	3	2	...	...	2	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...
Total on Dispensary Register at 31st Dec.	19	4	7	1	24	4	7	...	11	17	3	22	2	27	14	8	18	...	26	20	2	24	1	27	17	1	40	3	44	
Discharged as recovered Adults M. Children F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lost sight of, or otherwise removed from Dispensary Register	17	4	4	4	12	12	1	5	1	7	4	...	4	1	5	3	2	8	...	10	5	...	2	...	2	1	3	...	3	
Adults M.	14	1	19	22	42	10	2	16	17	35	6	...	22	23	45	11	1	14	...	25	6	...	8	11	19	4	...	11	13	
DEAD Children	8	2	12	9	23	9	3	10	10	23	3	...	13	11	24	5	...	15	7	22	...	...	...	1	...	...	1	5	6
Total written off Dispensary Register	39	7	35	35	77	31	6	33	29	68	13	...	39	35	74	19	3	34	21	58	12	...	19	14	33	7	...	6	22	
Grand Totals	58	11	42	36	89	55	10	40	29	79	30	3	61	37	101	33	11	52	21	84	32	2	43	15	60	24	1	46	19	66

(a) Register on Dispensary Register on 31st December.

(b) Not now on Dispensary removal therefrom.

TABLE IV.—(b) NON-PULMONARY TUBERCULOSIS

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the Return relates.	Previous to 1926					1926					1927					1928					1929					1930					
	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	
Disease arrested : Adults Children	1 1 3	1 1 ..	1	1 .. 1	3 2 4	...	...	1 ...	...	1 ...	...	...	...	...	2 6	...	...	...	...	1 1 3	...	1 1 3	...	...	1 2 1	1 ... 1	...	...	...	...	...
	...	...	1 2	...	1 4	1	...	...	...	1 ...	...	...	...	...	1 2	...	...	...	1...	...	...	...	...	...	...	...	...	...	...	...	...
Disease not arrested : Adults Children	...	...	1 2	...	1 4	1	...	...	...	1 ...	...	...	...	...	1 2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Condition not ascer- tained during the year	2	1	...	3	6	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total on Dispensary Register at 31st Dec.	8	2	4	6	20	1	1	2	...	4	...	...	1	1	2	3	2	4	3	12	3	...	2	4	9	7	2	5	3	17	17
Transferred to Pulmonary ...	2	1	2	1	6	...	1	...	3	4	...	...	1	...	1	1	1	...	1	3	...	...	...	1	1	...	...	...	...	...	1
Discharged as re- covered Adults Children	17 9 30	6 2 26	3 2 3	16 17 63	42 30 122	...	1 1 5	2 1 2	...	3 3 14	2 ...	...	...	...	2 2 11	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...

Lost sight of or other- wise removed from Dispensary Register	150	52	48	136	386	10	4	4	3	21	8	5	1	8	22	5	7	2	3	17	6	1	1	3	11	5	3	3	4	15	15
DEAD Adults Children	29 9 9	7 3 22	1 3 3	6 3 4	43 18 38	1 1 ...	1 1 2	2 ...	1 ...	6 5 5	...	...	...	...	1 2 3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Total written off Dispensary Register	253	118	63	245	679	15	13	13	9	50	20	14	3	20	57	9	12	5	12	38	9	4	2	2	27	13	21	3	13	50	50
GRAND TOTALS of (a) and (b) excluding those transferred to pulmonary ...	261	120	67	251	699	16	14	15	9	54	20	14	4	21	59	12	14	9	15	50	12	4	4	4	16	36	23	8	16	67	67

(a) Remaining on Dispensary Register at 31st December.

(b) Not now on Dispensary Register and reasons for removal therefrom.

TABLE IV.—NON-PULMONARY TUBERCULOSIS—continued.

Condition at the time of the last record made during the year to which the Return relates.	1931					1932					1933					1934					1935					1936					
	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	
Disease arrested : Adults M. Children F.	3	1	1	2	5	2	1	1	1	2	2	2	2	1	3	2	2	1	2	3	3	2	2	2	3	2	2	2	2	2	3
	2	...	...	...	14	3	5	...	6	14	1	1	...	...	8	1	1	...	...	4	4	1	1	...	4	1	1	1	1	1	1
Disease not arrested : Adults M. Children F.	1	1	2	2	3	1	1	1	...	3	1	1	...	...	2	1	1	...	...	2	7	2	2	2	2	1	2	2	2	2	5
	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	1	1	1	1	1	1	1	1	1	10
Condition not ascer- tained during the year	1	...	2	1	4	2	...	1	...	3	...	1	2	1	5	1	1	...	1	1	1	...	...	...	...	...	...	...	...	...	...
Total on Dispensary Register at 31st Dec.	9	2	6	6	23	9	7	3	9	28	5	4	5	11	25	9	4	3	19	35	4	5	6	6	14	29	7	12	2	9	30
Transferred to Pulmonary ...	...	1	...	1	2	1	1	1	1	3	1	...	...	...	1	...	...	...	...	...	1	...	1	...	...	1	...	...	...	...	...
Discharged as re- covered Adults M. Children F.	...	1	1	2	3	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	3	2	...	5	10	...	1	...	2	3	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lost sight of or other- wise removed from Dispensary Register	6	1	1	5	13	2	1	1	1	5	4	1	...	5	10	1	3	...	2	6	1	1	1	1	1	4	...	...	...	...	...
DEAD Adults M. Children F.	...	2	4	...	4	5	3	2	...	7	...	2	...	...	2	...	...	...	...	...	6	3	1	1	...	6	1	2	1	...	4
	2	1	5	...	8	1	1	2	...	4	1	...	1	...	2	1	1	3	...	4	1	1	1	...	3	...	...	...	...	1	...
Total written off Dispensary Register	13	8	13	15	49	8	6	5	4	23	6	7	1	6	20	1	5	4	2	12	5	6	3	3	1	15	1	3	1	...	5
GRAND TOTALS of (a) and (b) excluding those transferred to Pulmonary ...	22	10	19	21	72	17	13	8	13	51	11	11	6	17	45	10	9	7	21	47	9	11	9	9	15	44	8	15	3	9	35

Section IX.

VENEREAL DISEASES

The scheme for the treatment of patients suffering from venereal diseases remains as in previous years.

The clinic is held at the Oldham Royal Infirmary on Monday night for females and on Tuesday and Wednesday nights for males, and beds are available for in-patients. It also serves the adjoining areas of the Lancashire and the West Riding County Councils.

The V.D. Officer is Dr. J. G. Stewart, and his assistants are Dr. A. S. McGowan and Dr. G. S. Strachan.

At the beginning of the year 303 cases were under treatment, 4 (removed from the register as in previous years as having ceased to attend) returned for treatment during the year, and 236 cases attended for the first time; thus, there were 543 cases under treatment during the year.

Of the new cases, 162 or 70·7 per cent. were diagnosed as suffering from venereal disease (69 syphilis, 0 soft chancre, 93 gonorrhœa). Sixty-seven were found not to have venereal disease.

Six of the syphilis cases were diagnosed congenital syphilis.

Attendances.

The total number of attendances was 8,293 (6,377 for examination by the Medical Officer and 1,916 for irrigation, dressing, etc.).

Seventeen patients were admitted as in-patients during the year, 6 suffering from syphilis, 6 from gonorrhœa and 5 from non-venereal conditions.

Result of Treatment.

One hundred and three cases (6 syphilis, 43 gonorrhœa, 54 non-venereal) were discharged after completion of treatment and final tests of cure, or after diagnosis as non-venereal. Eighty-six cases (49 syphilis, 37 gonorrhœa) ceased to attend before completion of treatment.

Twenty-three cases (21 syphilis, 2 gonorrhœa) ceased to attend after completion of treatment but before final tests of cure.

Fifteen cases (7 syphilis, 5 gonorrhœa, 3 non-venereal) were transferred to other centres, institutions, or to the care of private practitioners.

Three hundred and sixteen cases (199 syphilis, 94 gonorrhœa, 23 non-venereal) were still under treatment or observation at the end of the year.

Supplies of Arsenobenzene Compounds.

These are available for private medical practitioners whose names are in the approved register. Nine doctors on the list availed themselves of this free supply, and 237 doses of various strengths of these compounds were supplied to them.

Pathological Examinations.

Ten microscopic examinations were made for syphilis and 341 for gonorrhœa at the Centre.

One thousand and fifty-one specimens were examined at the University of Manchester Public Health Laboratory, of which 945 were Wassermann reactions and 76 tests for gonorrhœa (66 fixation tests and 10 microscopic tests). One hundred and fifteen of these were received from general practitioners, 380 from the Municipal Hospital, 29 from other sources and 527 from the Centre.

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